

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F08000004982

Entity Name: GREENLEAF COMPACTION, INC.

**FILED**  
**Sep 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4001 N 3RD ST #480  
PHOENIX, AZ 85012

**New Principal Place of Business:**

1001 FANNIN  
SUITE 4000  
HOUSTON, TX 77002

**Current Mailing Address:**

4001 N 3RD ST #480  
PHOENIX, AZ 85012

**New Mailing Address:**

ATTN TAX DEPT. 1001 FANNIN  
SUITE 4000  
HOUSTON, TX 77002

FEI Number: 86-0668806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MACERA, MICHAEL A  
Address: 4001 N 3RD ST #480  
City-St-Zip: PHOENIX, AZ 85012

Title: VPC  
Name: KRAWCZYNSKI, JOHN  
Address: 4001 N 3RD ST #480  
City-St-Zip: PHOENIX, AZ 85012

Title: DVPS  
Name: SMITH, LINDA J  
Address: 1001 FANNIN, SUITE 4000  
City-St-Zip: HOUSTON, TX 77002

Title: AT  
Name: LOCKETT, MARK A  
Address: 1001 FANNIN, SUITE 4000  
City-St-Zip: HOUSTON, TX 77002

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA J. SMITH

VP

09/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date