1. Entity Name Synagro of Texas - Wital-Cycle, Inc. Principal Place of Business Mailing Address P.O. BOX 15162 HOUSTON TX 77020 BECRETARY OF STATE TALLAHASSEF FLORIDA	
Principal Place of Business Mailing Address P.O. BOX 15162 HOUSTON TX 77020 Mailing Address P.O. BOX 15162 HOUSTON TX 77020 9116 SECRETARY OF STATE	
Principal Place of Business P.O. BOX 15162 HOUSTON TX 77020 P.O. BOX 15162 HOUSTON TX 77020 P.O. BOX 15162 TALL A H-T-STATE	
HOUSTON TX 77020 HOUSTON TX 77020-8116	
_	
2. Principal Place of Business 3. Mailing Address	
Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	
City & State City & State 4. FEI Number 39-1763992 Applied Not Applied	olicable
Zip Country Zip Country 5. Certificate of Status Desired 5. Service Required	1
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
Name CT Corporation System	
Street Act 200 South Pine Island Rd.	
TALLAHASSEE FL 32303	
city Plantation FL 33324	4
8. 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.	- (
Jennifer M. McBurnett 8-14-2000	_
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent suprational state)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
	Addition
STREET ADDRESS 1 YOU POLITICAL	}
CITY-ST-ZIP HOUSTON TX 77020 CITY-ST-ZIP HOUSTON TX 77020 CITY-ST-ZIP HOUSTON TX 77020 TITLE EXPLOYIVE VICE PRESIDENT PARCHANGE IN	Addition
Divertor	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or do if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 11 or Block 12 or on an attachment with an address, with all other like empowered.	nation rector ck 12 if
SIGNATURE: SIGNATURE AND THE S	0