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03 MAR -5 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000005078					
1. Entity Name SYNAGRO OF TEXAS-VITAL-CYCLE, INC.					
Principal Place of Business 89111 OVERSEAS HIGHWAY TAVERNIER, FL 33070 US			Mailing Address 1800 BERING SUITE 1000 HOUSTON, TX 77057 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 39-1763997	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when releasing)					
DATE _____					
FILE NOW!!! FEE IS \$160.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PATTEN, ROSS M		NAME		
STREET ADDRESS	1800 BERING SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77057		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROME, MARK A		NAME		
STREET ADDRESS	1800 BERING SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77057		CITY-ST-ZIP		
TITLE	VPS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	THOMAS, ALVIN L		NAME		
STREET ADDRESS	1800 BERING SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77057		CITY-ST-ZIP		
TITLE	VPT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WITHROW, J. PAUL		NAME		
STREET ADDRESS	1800 BERING SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77057		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BOUCHER, ROBERT C		NAME		
STREET ADDRESS	1800 BERING SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77057		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CARMICHAEL, JAMES P		NAME		
STREET ADDRESS	1800 BERING SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77057		CITY-ST-ZIP		
12. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers, directors, and shareholders.					
SIGNATURE: <u>Alvin L. Thomas</u> <u>Alvin L. Thomas</u> 2/26/03 7133691744					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CFR2034 (10/02)

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