


**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90162 013 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F98000001583</b> 1. Entity Name KTI SPECIALTY WASTE SERVICES, INC.	
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Principal Place of Business 110 MAIN STREET, STE 1308 SACO, ME 04005	Mailing Address 25 GREENS HILL LANE RUTLAND, VT 05701
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14003188



04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3375082	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASELLA, JOHN W 25 GREENS HILL LANE RUTLAND, VT 05701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASELLA, DOUGLAS R 25 GREENS HILL LANE RUTLAND, VT 05701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOHLIG, JAMES W 25 GREENS HILL LANE RUTLAND, VT 05701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT NORRIS, RICHARD A 25 GREENS HILL LANE RUTLAND, VT 05701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

*John W Casella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John W Casella* 4/25/05 802-775-0325  
President, Secretary

Daytime Phone #