

F980000001583

Florida Department of State
Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

*Att: [unclear]
[unclear]*

REGISTERED AGENT CHANGE**KTI SPECIALTY WASTE SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

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1/26/2006

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Maine in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KTI Specialty Waste Services, Inc.
2. The principal office address: 110 Main Street, Suite 1308, Saco ME 04005
3. The mailing address (if different): 25 Greens Hill Lane, Rutland VT 05701
4. Date of incorporation/qualification: 3/10/98 Document number: F98000001583
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company
1201 Hays Street
Tallahassee FL 32301
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board - the corporation has been notified in writing of the change.

By: [Signature] LAUREN KREAR
(Signature of an officer or director) (Printed or typed name and title)
SPECIAL VICE PRESIDENT

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] DAVID TOFFERDO
(Signature of Registered Agent) (Printed or typed name and title)
ASSISTANT SECRETARY

If signing on behalf of an entity:

[Signature]
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR20045 (8/05)

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