| | RPORÁT ISTATEN | 200 0 2 1 4 1 2 | | Katheri Secretai | TMENT OF STAT ne Harris " ry of State CORPORATIONS | | FILED R-2 PM | 3: 10 | |
|-----------------------------------|--|---|-----------------|-----------------------------------|---|-------------------|--|---|---|
| DOCUMENT # F 9800000 6986 | | | | | | SECRE AMEA | SECRETARY OF STATE MELAHASSEE FEORIDA | | |
| De | land | Landfill, I | Inc. | | | | | | |
| 2. Principal Office Address 3. | | | | 3. Mailing Office Address | | | | | ~ \(\alpha \) |
| | annin | 1 | 1001 t | 1001 Fannin | | | | (| 11)-01 |
| Suite, Apt. #, etc. Suite 4000 | | | | suite, Apt. #, etc. Suite 4000 | | | Incorporated or | Qualified | |
| City & State | | | City & State | | | | o Business in Flo | orida 12-23 | |
| | Houston, Tx | | | Houston, Tx | | | Number 2-0590 | 0138 | Applied For Not Applicable |
| Zip 770 | 2002 | Country USA | 77∞ | 7 | Country | 6. | FICATE OF STATU | \$ DESIDED 1 \$8.75 A | dditional Fee required Certificate of Status |
| | | | 7. N | lame and A | Address of Current Reg | istered Agent | | | |
| | Suite, Apt. | T Corporation | Ation S | | Address of Current Reg | <u> </u> | | 039964 4/13/01010 ***767.50 ** Zip Code 33324 | 026 26019 ****76'.50 |
| Signature o | Street Add | dress (P.O. Box Number is NO South #, Etc. antation a registered agent of the about | Ation S | SIQ SIQ ration, am | and Road Tamillar with and accept to CTOR ALFANO SSISTANT SECRI | he obligations o | State FL | ***767.50 ** | 26019 ****767.50 |
| Signature of Registered 9. Names | Street Add 2 Suite, Apt. City appointed the | dress (P.O. Box Number is NOO South #, Etc. a registered agent of the apo | oya named corpo | ration, am 1 | amiliar with and accept to CTOR ALFANO SISTANT SECRI | the obligations o | State FL section 607.050 | Zip Code 33324 5 or 617.0503, F.S. 3/30/0 | 26019 ***767.50 |
| Signature o Registered | Street Add 12.0 Suite, Apt. City Appointed the | dress (P.O. Box Number is No. South #, Etc. a registered agent of the about the Addresses of Each Officer and Officers and/or Directors | ove named corpo | ration, am 1 | amiliar with and accept to CTOR ALFANO SECRI | he obligations o | State FL section 607.050 | Zip Code 33324 | 26019 ***767.50 |
| Signature of Registered 9. Names | Street Add 12.0 Suite, Apt. City Appointed the | dress (P.O. Box Number is Noted to South #, Etc. a registered agent of the about the south #, Etc. Reddresses of Each Officer and Name of | ove named corpo | ration, am 1 | familiar with and accept to CTOR ALFAND SSISTANT SECRIFICATION SIGN | he obligations o | State FL section 607.050 | Zip Code 33324 5 or 617.0503, F.S. 3/30/0 | 26019 ***767.50 |
| Signature of Registered 9. Names | Street Add 12.0 Suite, Apt. City Appointed the | dress (P.O. Box Number is No. South #, Etc. a registered agent of the about the Addresses of Each Officer and Officers and/or Directors | ove named corpo | ration, am 1 | familiar with and accept to CTOR ALFAND SSISTANT SECRIFICATION SIGN | he obligations o | State FL section 607.050 | Zip Code 33324 5 or 617.0503, F.S. 3/30/0 | 26019 ***767.50 |
| | Street Add 12.0 Suite, Apt. City Appointed the | dress (P.O. Box Number is No. South #, Etc. a registered agent of the about the Addresses of Each Officer and Officers and/or Directors | ove named corpo | ration, am 1 | familiar with and accept to CTOR ALFAND SSISTANT SECRIFICATION SIGN | he obligations o | State FL section 607.050 | Zip Code 33324 5 or 617.0503, F.S. 3/30/0 | 26019 ***767.50 |
| Signature of Registered 9. Names | Street Add 12.0 Suite, Apt. City Appointed the | dress (P.O. Box Number is No. South #, Etc. a registered agent of the about the Addresses of Each Officer and Officers and/or Directors | ove named corpo | ration, am 1 | familiar with and accept to CTOR ALFAND SSISTANT SECRIFICATION SIGN | he obligations o | State FL section 607.050 | Zip Code 33324 5 or 617.0503, F.S. 3/30/0 | 26019 ***767.50 |

10. I certify that I an this reinstateme owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01

68265

Deland Landfill, Inc.

Officers & Directors

| POSITION | NAME | ADDRESS |
|----------|-------------------|-------------------------|
| P | David R. Hopkins | 1001 Fannin, Suite 4000 |
| | | Houston, TX 77002 |
| VP` | Glenn R. Holcomb | 1001 Fannin, Suite 4000 |
| | | Houston, TX 77002 |
| VP | Steve Baughman | 1001 Fannin, Suite 4000 |
| | | Houston, TX 77002 |
| VP/AS \ | John Van Gessel | 1001 Fannin, Suite 4000 |
| } | ļ | Houston, TX 77002 |
| VP/CFO/C | Bruce E. Snyder | 1001 Fannin, Suite 4000 |
| | | Houston, TX 77002 |
| VP/T | Ronald H. Jones | 1001 Fannin, Suite 4000 |
| | | Houston, TX 77002 |
| VP/AT | Robert G. Simpson | 1001 Fannin, Suite 4000 |
| | | Houston, TX 77002 |
| AS | Ronald M. Kaplan | 1001 Fannin, Suite 4000 |
| | | Houston, TX 77002 |
| V/AS | Linda J. Smith | 1001 Fannin, Suite 4000 |
| | | Houston, TX 77002 |
| AT | Lee A. McCormick | 1001 Fannin, Suite 4000 |
| | 3 | Houston, TX 77002 |
| D | David P. Steiner | 1001 Fannin, Suite 4000 |
| | | Houston, TX 77002 |

P=President

VP=Vice President

AS=Assistant Secretary

CFO=Chief Financial Officer

C=Controller

T=Treasurer

AT=Assistant Treasurer

AS=Assistant Secretary

D=Director