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

| | | | | | |
|---|-------------------------|---------------------------------|---|---|-----------------------------------|
| DOCUMENT # H71402 | | | |  | |
| 1. Entity Name SYNAGRO OF FLORIDA - ECOSYSTEMS, INC. | | | | | |
| Principal Place of Business 89000 OVERSEAS HWY TAVERNIER, FL 33070 US | | | Mailing Address 1800 BERING 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 59-2580855 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent | |
| 7. Name and Address of New Registered Agent | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)</small> | | | | DATE _____ | |
| FILE NOW!!! FEE IS \$150.00 After May 12, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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 507, 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. | | | | | |
| SIGNATURE: <i>Alvin L. Thomas</i> | | | Date: <i>2/20/09</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone #: <i>713 361 744</i> | | |

CR2034 (10/02)