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Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J95168

1. Corporation Name

Waste-X Services, Inc.

Principal Place of Business	Mailing Address
8051 NW 129th St. Opa Locka, FL 33054	543 Palm Dr. Hallandale, FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/87

2. Principal Place of Business	2a. Mailing Address
21 4300 Ravenswood Rd	26 1000 Crawford Pl.
Suite, Apt. #, etc. 22 PO Box 1702	Suite, Apt. #, etc. 27 Suite 400
City & State 23 Dania, FL	City & State 28 Mt Laurel, NJ
Zip / Country 24 33312 / 25 USA	Zip / Country 29 08054 / 30 USA

4. FEI Number: 65-000-7119 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired — **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Laratro, Deidre 543 Palm Drive Hallandale, FL 33009	81 Name: CT Corporation Systems 82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd 83 84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barbara A. Burke — BARBARA A. BURKE, SPECIAL ASSISTANT SECRETARY — DATE: 5-22-98

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Laratro, Deidre 543 Palm Dr. Hallandale, FL 33009 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Louis Paolino 1000 Crawford Place, Suite 400 Mt Laurel NJ 08054 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV Laratro, Joseph 543 Palm Dr. Hallandale, FL 33009 ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S Robert M. Kramer 1000 Crawford Place, Suite 400 Mt Laurel NJ 08054 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T Gregory Krzemien 1000 Crawford Place, Suite 400 Mt Laurel NJ 08054 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition JC 6/3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 000002547110 -06/04/98--01019--029 ***550.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: 5/21/98 (609) 235-6009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (10/97)