

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002472

FILED
Apr 11, 2007
Secretary of State

Entity Name: OAKLEAF WASTE MANAGEMENT, LLC

Current Principal Place of Business:

800 CONNECTICUT BLVD
6TH FL
EAST HARTFORD, CT 06108

New Principal Place of Business:

Current Mailing Address:

800 CONNECTICUT BLVD
6TH FL
EAST HARTFORD, CT 06108

New Mailing Address:

FEI Number: 06-1429625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OAKLEAF WASTE MANAGE, MENT, INC.
Address: 800 CONNECTICUT BLVD
City-St-Zip: EAST HARTFORD, CT 06108

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: OAKLEAF HOLDINGS, IN, C
Address: 800 CONNECTICUT BLVD
City-St-Zip: EAST HARTFORD, CT 06108

Title: MGRM () Change (X) Addition
Name: OAKLEAF GLOBAL HOLDI, NGS, INC
Address: 800 CONNECTICUT BLVD.
City-St-Zip: EAST HARTFORD, CT 06108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES R. BARNES

PRES

04/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date