***2006 LIMITED LIABILITY COMPANY** ANNUAL REPORT

Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90032 005 ****50.00 DOCUMENT # M02000000920 1. Entity Name OMNI WASTE OF OSCEOLA COUNTY LLC ~uu23236 Principal Place of Business Mailing Address 1501 OMNI WAY 1122 INTERNATIONAL BLVD SUITE 601 ST. CLOUD, FL 34773 **BRULINGTON ONTARIO** CANADA L7L 6Z8. 2. Principal Place of Business 3. Mailing Address 5002 T-Rex Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 Chg-LLC CR2E083 (11/05) Suite 200 City & State City & State 4. FEI Number Applied For Florida **Boca Raton** 31-1740193 Not Applicable Zip 33431 Country USA Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Defete TITLE ☐ Change ■ Addition CAIRNS, IVAN R NAME NAME STREET ADDRESS 1122 INTERNATIONAL BLVD, STE 601 STREET ADDRESS BURLINGTON, ONTARIO, 171 6z8 CITY-ST-7IP CITY-ST-ZIE MGRM MGRM **I** Delete **▲**Addition TITLE TITLE ☐ Change RUBIN, RONALD L NAME NAME Mark Pytosh STREET ADDRESS 7025 GREENWAY PKWY, STE 100 STREET ADDRESS 5002 T-Rex Avenue Suite 200 SCOTTSDALE, AZ 85254 CITY-ST-ZIP CITY-ST-ZIP Boca Raton Florida 33431 MGRM TITLE ☐ Defete TITLE Change ☐ Addition WILCOX, CHARLES A NAME NAME STREET ADDRESS 7025 GREENWAY PKWY, STE 100 STREET ADDRESS 5002 T-Rex Avenue Suite 200 CITY-ST-ZIP SCOTTSDALE, AZ 85254 CITY-ST-7IP Boca Raton : Florida 33431 ☐ Change ☐ Delete TITLE MGRM TITLE ☐ Addition GOEBEL, BRIAN A NAME NAME STREET ADDRESS 1122 INTERNATIONAL BLVD, STE 601 STREET ADDRESS CITY-ST-ZIP BURLINGTON, ONTARIO, 171 6z8 CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

TITLE

NAME

☐ Delete

SIGNATURE: VP & Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Ivan R. Cairns

STREET ADDRESS CITY-ST-ZIP

VP & Secretary

April 7, 2006

905-319-1237

☐ Change

☐ Addition

FILED