

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90346 024 ****50.00

DOCUMENT # M99000000833

1. Entity Name
WASTE ENERGY TECHNOLOGY, LLC



Principal Place of Business
**11 TUPELO AVENUE, S.E.
FORT WALTON BEACH, FL 32548**

Mailing Address
**11 TUPELO AVENUE, S.E.
FORT WALTON BEACH, FL 32548**

24036385



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3571954

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name **Terry Peterson**

Street Address (P.O. Box Number is Not Acceptable)

11 Tupelo Ave SE

City **Fort Walton Beach**

FL

Zip Code **32548**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/02/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **RODGERS, MICHAEL W**
STREET ADDRESS **11 TUPELO AVENUE, S.E.**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **Manager (MGR)** ☐ Change ☒ Addition
NAME **John R. Schmitt**
STREET ADDRESS **411 Seventh Ave, 15th Floor**
CITY-ST-ZIP **Pittsburgh, PA 15219**

TITLE **MGR** ☐ Delete
NAME **GETTING, JAMES A**
STREET ADDRESS **2568 PALM SHORES DRIVE**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **Manager (MGR)** ☐ Change ☒ Addition
NAME **Daniel L. Bonk**
STREET ADDRESS **411 Seventh Ave, 15th Floor**
CITY-ST-ZIP **Pittsburgh, PA 15219**

TITLE **MGR** ☒ Delete
NAME **FIELDS, WILLIAM F**
STREET ADDRESS **1105 NORTH MARKET STREET, SUITE 1300**
CITY-ST-ZIP **WILMINGTON, DE 19899**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/30/04