

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000996

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

700 E. BUTTERFIELD ROAD  
SUITE 201  
LOMBARD, IL 60148

**New Principal Place of Business:**

**Current Mailing Address:**

700 E. BUTTERFIELD ROAD  
SUITE 201  
LOMBARD, IL 60148

**New Mailing Address:**

FEI Number: 36-4287998      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT 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: MGR ( ) Delete  
Name: MARTIN, PHILIPPE  
Address: 700 E. BUTTERFIELD ROAD, SUITE 201  
City-St-Zip: LOMBARD, IL 60148

Title: MGR ( ) Delete  
Name: FARR, GEORGE  
Address: 700 E. BUTTERFIELD ROAD  
City-St-Zip: LOMBARD, IL 60148

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BELL, JAMES  
Address: 700 E. BUTTERFIELD ROAD, SUITE 201  
City-St-Zip: LOMBARD, IL 60148

Title: MGR (X) Change ( ) Addition  
Name: FARR, GEORGE  
Address: 200 E. RANDOLPH ST., STE. 7900  
City-St-Zip: CHICAGO, IL 60601

I hereby certify that the information supplied with this filing does not qualify 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 BELL      MGR.      01/21/2009

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