FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40035 (8)

1. Corporation Name
KENETECH RESOURCE RECOVERY, INC.

Principal Place of Business	Mailing Address
500 SANSOME STREET, SUITE 800 SAN FRANCISCO CA 94111	500 SANSOME STREET, SUITE 800 SAN FRANCISCO CA 94111

200001431962
-03/16/95--01093--018
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/13/1992	3a. Date of Last Report: 02/15/1994
4. FEI Number: 94-3154672	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name: The Prentice-Hall Corporation System, Inc.
32 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street, Suite 105
33
34 City: Tallahassee FL 35 Zip Code: 32301

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 _____ DATE
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BALVANZ, LORAN R.	1.2 NAME		
STREET ADDRESS	6447 33RD STREET EAST	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	~~VD~~	2.1 TITLE	T	☒ Change ☒ Addition
NAME	~~MILLER, MAURICE E.~~	2.2 NAME	William E. Klitgaard	
STREET ADDRESS	500 SANSOME STREET	2.3 STREET ADDRESS	500 Sansome Street	
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, MICHAEL U.	3.2 NAME		
STREET ADDRESS	500 SANSOME STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP		
TITLE	~~S~~	4.1 TITLE	D/V/S	☒ Change ☐ Addition
NAME	LERDAL, MARK D	4.2 NAME		
STREET ADDRESS	500 SANSOME STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP		
TITLE	AT	5.1 TITLE		☐ Change ☐ Addition
NAME	LEIBENSBERGER, DON W.	5.2 NAME		
STREET ADDRESS	6952 PRESTON AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	LIVERMORE CA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	AT 3/15	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: Mark Lerdal 3/3/95 (415) 398-3825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

Mark D. Lerdal, Vice President & Secretary