FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

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

98 JUN 29 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034723

1. Corporation Name
Resource Recovery Systems of Sarasota, Inc.

Principal Place of Business
4700 Middle Road
Sarasota, FL 34234

Mailing Address
50 Main Street
Centerbrook, CT 06409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/9/94

2. Principal Place of Business
21 4700 Middle Road
22 Suite, Apt. #, etc.
23 City & State: Sarasota FL
24 Zip: 34234 25 Country: USA

2a. Mailing Address
26 50 Main Street
27 Suite, Apt. #, etc.
28 City & State: Centerbrook CT
29 Zip: 06409 30 Country: USA

4. FEI Number: 06-1406506 — X Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Elizabeth H. Karter
50 Main Street
Centerbrook, CT 06409

10. Name and Address of New Registered Agent
91 Name: C T Corporation System
92 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
93
94 City: Plantation FL 95 Zip Code: 33324

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: Connie Bigus Connie Bigus Special Asst Secretary — DATE: 6-29-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elizabeth H. Karter 50 main street Centerbrook, CT 06409	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	NONE ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	700002578197--5 -07/01/98--01097--016 ****550.00 ****550.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	700002578197--5 -07/01/98--01097--017 ******8.75 ******8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. 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 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: [signature]
Elizabeth H. Karter, President