FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90545 039 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083751

1. Entity Name: Waste Recovery Solutions, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
343 King Street	343 King Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Myerstown, PA	City & State: Myerstown, PA
Zip: 17067 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0949221 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mark E. Neff

Street Address (P.O. Box Number is Not Acceptable): 16130 Rio Del Paz

City: Delray Beach FL Zip Code: 33446

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: _____ 1/14/03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Pres
NAME	Bernard Reiley
STREET ADDRESS	C/O WRS, Inc. 343 King St.
CITY-ST-ZIP	Myerstown, PA 17067
TITLE	VP
NAME	Mark Neff
STREET ADDRESS	C/O WRS, Inc. 343 King St
CITY-ST-ZIP	Myerstown, PA 17067
TITLE	Treas.
NAME	Marlin Hershey
STREET ADDRESS	C/O Performance Holdings 10662-B Bailey Rd
CITY-ST-ZIP	Cornelius, NC 28031
TITLE	
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CR2E034B (12/02)

12. 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 or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/14/03 717-866-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2003