

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 # P990000083751	
1. Entity Name Waste Recovery Solutions, Inc	

20010961

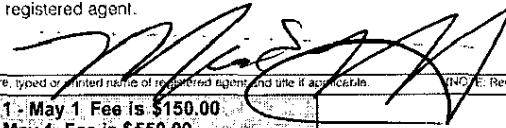
DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

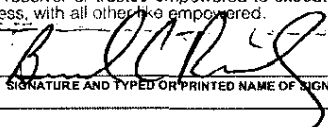
4. FEI Number 65-0949221	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

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 	DATE 1/14/03
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 NAME STREET ADDRESS CITY - ST - ZIP	Pres Bernard Reiley 410 WRS, INC. 343 KING ST. myerstown, PA 17067	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP-- MARK NEFF 310 WRS, INC. 343 KING ST myerstown, PA 17067	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treas. MARLIN HERSHEY c/o Performance Holdings 10602-B Bulky Rd CORNELIUS, NC 28031	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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: 	DATE 1/14/03 Daytime Phone # 17-866-9955

CR2E034B (12/02)

2003