

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003771

**Entity Name:** VEOLIA ENERGY SOLUTIONS, LLC

**Current Principal Place of Business:**

53 STATE STREET  
14TH FL  
BOSTON, MA 02109

**Current Mailing Address:**

53 STATE STREET  
14TH FL  
BOSTON, MA 02109

**FEI Number:** 46-0666705

**Certificate of Status Desired:** No

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

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

*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

**Authorized Person(s) Detail :**

Title	MGR
Name	MAH, TERRANCE
Address	200 E. RANDOLPH STREET SUITE 7900
City-State-Zip:	CHICAGO IL 60601
Title	MGR
Name	ROBBEN, ERIC
Address	200 E. RANDOLPH STREET SUITE 7900
City-State-Zip:	CHICAGO IL 60601

Title	MGR
Name	SALGO, JASON
Address	53 STATE STREET, 14TH FL
City-State-Zip:	BOSTON MA 02109
Title	ASST. SECRETARY
Name	LYNCH, KATHLEEN
Address	120 WATER STREET SUITE 212
City-State-Zip:	NORTH ANDOVER MA 01845

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN LYNCH

**ASSISTANT SECRETARY** 02/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date