

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000000996

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC5600840307**

**Entity Name:** VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

700 E. BUTTERFIELD ROAD  
SUITE 201  
LOMBARD, IL 60148

**Current Mailing Address:**

700 E. BUTTERFIELD ROAD  
SUITE 201  
LOMBARD, IL 60148

**FEI Number: 36-4287998**

**Certificate of Status Desired: No**

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

CT 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 ST., #7900  
City-State-Zip: CHICAGO IL 60601

Title MGR  
Name SALGO, JASON  
Address 53 STATE STREET  
14TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title MGR  
Name ROBBEN, ERIC  
Address 200 E. RANDOLPH ST., #7900  
City-State-Zip: CHICAGO IL 60601

*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: ERIC ROBBEN**

**MANAGER**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date