

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212526160

1.) CORPORATION NAME:

623 LANDFILL, INC.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **02731065**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 18500 North Allied Way

CITY/ST/ZIP: Phoenix, AZ 85054

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: Ronald Krall TITLE: PRESIDENT ADDRESS: 5860 Trinity Parkway Suite 120 CITY/ST/ZIP/CO: Centreville, VA 20120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Brian A. Bales TITLE: VICE PRESIDENT ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Tim M. Benter TITLE: VP/ASST. SEC ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: W. T. Eggleston Jr. TITLE: VP/ASST. SEC ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Alan Hemma TITLE: VICE PRESIDENT ADDRESS: 4619 West Ox Rd. CITY/ST/ZIP/CO: Fairfax, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Michael P. Rissman TITLE: VP/ASST. SEC ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Andrew J Sweet TITLE: VP/ASST. SEC ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Lawrence Focazio TITLE: VP tax ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Mark Graham TITLE: ASST SECRETARY ADDRESS: 5860 Trinity Parkway Suite 120 CITY/ST/ZIP/CO: Centreville, VA 20120	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Edward A. Lang, III TITLE: TREASURER ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Marsha A. Lacy TITLE: ASST TREASURER ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Eileen B Schuler TITLE: SECRETARY ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Charles F. Serianni TITLE: DIRECTOR ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Eileen BSchuler SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Eileen BSchuler, PRINTED NAME AND CORPORATE TITLE	7/13/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		