

1.) CORPORATION NAME:

**623 LANDFILL, INC.**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **02731065**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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: Robert Boucher TITLE: EVP ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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: 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
NAME: Jack Perko TITLE: PRESIDENT ADDRESS: 3351 Highway 51 CITY/ST/ZIP/CO: Fort Mill, SC 29715	<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 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. T. Eggleston, Jr. VP/Asst. Sec 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Drew Isenhour VICE PRESIDENT 1220 Commerce St. SW Suite A Conover, NC 28613	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James H Olson VICE PRESIDENT 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael P. Rissman VP/Asst. Sec 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrew J Sweet VICE PRESIDENT 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lawrence Focazio VP - Tax 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Graham ASST SECRETARY 3351 Highway 51 Fort Mill, SC 29715	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marsha A. Lacy ASST TREASURER 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eileen B Schuler SECRETARY 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input 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 B Schuler	Eileen B Schuler,	6/19/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.