

1.) CORPORATION NAME:

BROWNING-FERRIS INDUSTRIES OF TENNESSEE, INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0585259**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

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.

<p>NAME: Frederick J. Burkel TITLE: EVP ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Brian A Goebel TITLE: DIRECTOR ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Edward A. Lang, III TITLE: VP-Finance, T ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Justin Boswell TITLE: PRESIDENT ADDRESS: 832 Langsdale Ave. CITY/ST/ZIP/CO: Indianapolis, IN 46202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Brian A. Bales TITLE: VICE PRESIDENT ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Tim M. Benter TITLE: VP/Asst. Sec ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	W. T. Eggleston, Jr.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/Asst. Sec		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	James H Olson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Michael P. Rissman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/Asst. Sec		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Travis Simpson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	832 Langsdale Ave.		
CITY/ST/ZIP/CO:	Indianapolis, IN 46202		
NAME:	Andrew J. Sweet	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/Asst. Sec		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Lawrence Focazio	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP - Tax		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Eileen B Schuler	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Douglas Striebel	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	832 Langsdale Ave.		
CITY/ST/ZIP/CO:	Indianapolis, IN 46202		
NAME:	Marsha A. Lacy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		

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,	7/19/2013
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.