

1.) CORPORATION NAME:

WHEELABRATOR AIR POLLUTION CONTROL INC.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1687534**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	850,000
COMBNV	150,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 501 GRANT STREET

CITY/ST/ZIP: PITTSBURGH, PA 15222-2292

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: CRAIG WEEKS TITLE: PRESIDENT ADDRESS: 4400 ALAFAYA TRAIL CITY/ST/ZIP/CO: OLRANDO, FL 32826</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL CORNNELL TITLE: VICE PRESIDENT ADDRESS: 501 GRANT STREET CITY/ST/ZIP/CO: PITTSBURGH, PA 15219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ALAN GOTLIFFE TITLE: ASST SEC ADDRESS: 170 WOOD AVE SOUTH CITY/ST/ZIP/CO: ISELIN, NJ 08830</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: KAREN HARMS TITLE: ASST SEC ADDRESS: 4400 ALAFAYA TRAIL CITY/ST/ZIP/CO: ORLANDO, FL 32826</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER J FLYNN TITLE: SECRETARY ADDRESS: 4400 ALAFAYATRIL CITY/ST/ZIP/CO: ORLANDO, FL 32826</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: LOUIS ZALTSBERG TITLE: CFO ADDRESS: 4400 ALAFAYA TRAIL CITY/ST/ZIP/CO: ORLANDO, FL 32826</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: LOUIS ZALTSBERG TITLE: DIRECTOR ADDRESS: 4400 ALAFAYA TRAIL CITY/ST/ZIP/CO: ORLANDO, FL 32826	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CRAIG WEEKS TITLE: DIRECTOR ADDRESS: 4400 ALAFAYA TRAIL CITY/ST/ZIP/CO: ORLANDO, FL 32826	<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/ CHRISTOPHER J FLYNN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER J FLYNN, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/28/2013 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.		