

1.) CORPORATION NAME:

Allied Waste North America, Inc.

DUE DATE: **11/30/2011**

SCC ID NO: **F1808007**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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: DONALD W SLAGER
TITLE: PRES/CEO
ADDRESS: 18500 NORTH ALLIED WAY
CITY/ST/ZIP/CO: PHOENIX, AZ 85054-

OFFICER

DIRECTOR

NAME: EILEEN B SCHULER
TITLE: ASST SECRETARY
ADDRESS: 18500 NORTH ALLIED WAY
CITY/ST/ZIP/CO: PHOENIX, AZ 85054-

OFFICER

DIRECTOR

NAME: BRIAN A BALES
TITLE: VICE PRESIDENT
ADDRESS: 18500 NORTH ALLIED WAY
CITY/ST/ZIP/CO: PHOENIX, AZ 85054-

OFFICER

DIRECTOR

NAME: EDWARD A LANG, III
TITLE: VP, Finan/TREAS
ADDRESS: 18500 NORTH ALLIED WAY
CITY/ST/ZIP/CO: PHOENIX, AZ 85054-

OFFICER

DIRECTOR

NAME: LAWRENCE FOCAZIO
TITLE: VP, TAX
ADDRESS: 18500 NORTH ALLIED WAY
CITY/ST/ZIP/CO: PHOENIX, AZ 85054-

OFFICER

DIRECTOR

NAME: TOD C HOLMES TITLE: VP/CFO ADDRESS: 18500 NORTH ALLIED WAY CITY/ST/ZIP/CO: PHOENIX, AZ 85054-	<input checked="" type="checkbox"/> OFFICER <input checked="" 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: 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: 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: 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: MICHAEL P RISSMAN TITLE: VP/Corp Sec ADDRESS: 18500 NORTH ALLIED WAY CITY/ST/ZIP/CO: PHOENIX, AZ 85054-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KEVIN WALBRIDGE TITLE: VP/COO 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: VP/CAO ADDRESS: 18500 NORTH ALLIED WAY CITY/ST/ZIP/CO: 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EILEEN B SCHULER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
10/26/2011 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.	