

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213546356

1.) CORPORATION NAME:

**Allied Waste North America, Inc.**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1808007**

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: Frederick J. Burkel TITLE: PRESIDENT ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Brian A. Goebel TITLE: DIRECTOR ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Edward A. Lang, III TITLE: VP, Treasurer ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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: 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: James H. Olson 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: 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: 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: 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
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, PRINTED NAME AND CORPORATE TITLE	10/3/2013 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.				