

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001
12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. -0322

A. Person Filing

1. Name and mailing address (include ZIP code): Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Suite F-110 Scottsdale, Arizona 85255		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-01	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Apex Waste Management R.D. #2, Box 2379, Fowlersville Rd. Berwick, PA 18603		6. Date entered into: 4-25-01	
		7. Names of persons through whom made: William Gallagher, Dist. Mgr.	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.			
9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.			

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.	
b. Period during which performed: 4-01/5-01	c. Extent performed: 4-01
d. Names and addresses of persons through whom performed: B. A. Housel (Address as in #1 above)	
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: a) Drivers, throwers & utility men b) Teamsters, Local 764	



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>[Signature]</i> Chairman/CEO President		Signed: <i>[Signature]</i> Secretary/ Treasurer	
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City	State	Date	
at: Scottsdale	Arizona	on: 5-1-01	

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3. Date fiscal year ends: 12-01	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

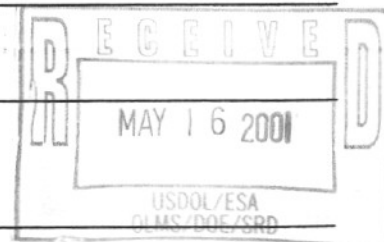
5. Full name and address of employer with whom made (include ZIP code): MJM Studios of New York, Inc. 453 State Route 17K Rock Tavern, NY 12575		6. Date entered into: 4-16-01	
		7. Names of persons through whom made: Dennis Berry	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.			

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):	
a. Nature of activity: Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.	
b. Period during which performed: 4-01/5-01	c. Extent performed: 4-01
d. Names and addresses of persons through whom performed: M. G. Gibbons, B. A. Housel (Addresses as in #1 above)	



11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- a) All FT & reg. PT carpenters & welders, including wood form workers, finish carpenters & metal workers
- b) IATSE, Local 311

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: Chairman/CEO (If other title, cross out and write in correct title above.)			Signed: Secretary/ Treasurer (If other title, cross out and write in correct title above.)		
City	State	Date	City	State	Date
at: Scottsdale	Arizona	on: 4-18-01	at: Scottsdale	Arizona	on: 4-18-01

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3. Date fiscal year ends: 12-01	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Excel Transfer Corp. 876 North Lenola Road, Suite 6B Moorestown, NJ 08057		6. Date entered into: 4-20-01	
		7. Names of persons through whom made: Michael A. Simon, Jr., Pres.	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.			
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):			

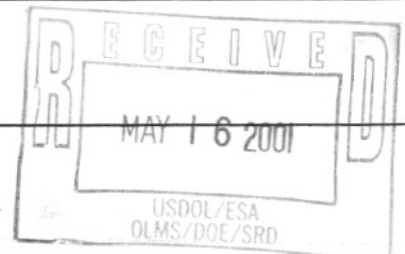
Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.	
b. Period during which performed: 4-01/5-01	c. Extent performed: 4-01
d. Names and addresses of persons through whom performed: M. G. Gibbons (Address as in #1 above)	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- a) Truck drivers
b) Teamsters, Local 115



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>[Signature]</i> Chairman/CEO President			Signed: <i>[Signature]</i> Secretary/ Treasurer		
(If other title, cross out and write in correct title above.)			(If other title, cross out and write in correct title above.)		
City	State	Date	City	State	Date
at: Scottsdale	Arizona	on: 5-1-01	at: Scottsdale	Arizona	on: 5-1-01