

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **292913** (1)

1. Corporation Name  
**REFUSE SERVICES, INC.**



Principal Place of Business Mailing Address  
ATTN: BARBARA L. BIER  
3003 BUTTERFIELD RD  
OAK BROOK IL 60521  
US

3. Date Incorporated or Qualified **05/12/1965** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1098850</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, JAMES E.	1.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN D. FERGUSON	2.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN J. RAY III	3.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN D. FERGUSON	4.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA L. BIER	5.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Barbara L. Bier* **Barbara L. Bier, Assistant Secretary** 4/21/96 (208) 578-8841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)