

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 336252 (2)**  
 1. Corporation Name  
**HARRIS SANITATION, INC.**



Principal Place of Business ATTN: BARBARA L. BIER 3003 BUTTERFIELD RD OAK BROOK IL 60521 US	Mailing Address ATTN: BARBARA L. BIER 3003 BUTTERFIELD RD OAK BROOK IL 60521-1107 US
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2. Principal Place of Business 21 3003 Butterfield Road Suite, Apt. #, etc.	2e. Mailing Address 26 3003 Butterfield Road Suite, Apt. #, etc.
22 City & State 23 Oak Brook, IL Zip 60521	27 City & State 28 Oak Brook, IL Zip 60521
25 Country DuPage	30 Country DuPage

3. Date Incorporated or Qualified 10/09/1968	3a. Date of Last Report 04/09/1996
4. FEI Number 59-1219741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 title if applicable) (NOTE: Registered Agent signature required when re-instating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONNOR, JAMES E.	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	VPDT	<input type="checkbox"/> DELETE
NAME	STEVEN D. FERGUSON	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HABETS, HARRY M	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BARBARA L. BIER	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jeffrey C. Everett	
13 STREET ADDRESS	3003 Butterfield Road	
14 CITY-ST-ZIP	Oak Brook, IL 60521	
21 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	John Van Gessel	
23 STREET ADDRESS	3003 Butterfield Road	
24 CITY-ST-ZIP	Oak Brook, IL 60521	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)