

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 357432 (4)
 1. Corporation Name
PRISM INTEGRATED SANITATION MANAGEMENT, INC.



Principal Place of Business 8300 EXECUTIVE CENTER DRIVE SUITE 400 MIAMI FL 33166-7710	Mailing Address 8300 EXECUTIVE CENTER DRIVE SUITE 400 MIAMI FL 33166-7710
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1969	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1278248	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC <input type="checkbox"/> DELETE	1.1 TITLE	CEOC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREASMAN, KEN	1.2 NAME	WALLEY, JOHN W.
STREET ADDRESS	1525 HOWE STREET	1.3 STREET ADDRESS	1525 HOWE STREET
CITY-ST-ZIP	RACINE WI	1.4 CITY-ST-ZIP	RACINE, WI 53403
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRA, MIMI	2.2 NAME	
STREET ADDRESS	8300 EXE CTR DR., STE. 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLLWRAITH, IAN	3.2 NAME	
STREET ADDRESS	8300 EXE CTR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEKEEL, S. L.	4.2 NAME	BRANDES, JOANNE
STREET ADDRESS	1525 HOWE STREET	4.3 STREET ADDRESS	1525 HOWE STREET
CITY-ST-ZIP	RACINE WI	4.4 CITY-ST-ZIP	RACINE, WI 53403
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, T W	5.2 NAME	RUEDINGER, SUE
STREET ADDRESS	1525 HOWE ST	5.3 STREET ADDRESS	1525 HOWE STREET
CITY-ST-ZIP	RACINE WI	5.4 CITY-ST-ZIP	RACINE, WI 53403
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLO, PAULO	6.2 NAME	
STREET ADDRESS	8300 EXECUTIVE CENTER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I 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 or on an attachment with an address.

SIGNATURE: _____

Mimi Parra

4/28/98

(305) 592-6312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0231784

CFR2034 (1097)



OFFICERS

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Date Assigned</u>
W. John Walley	Chairman and Chief Executive Officer	1525 Howe Street Racine, WI 53403	04/10/98
Paulo Bello	President	8300 Executive Center Dr Miami, FL 33166-4680	03/01/95
Ian MacIlwraith	Senior Vice President	8300 Executive Center Dr Miami, FL 33166-4680	03/01/95
Zia Siddiqi	Vice President	8300 Executive Center Dr Miami, FL 33166-4680	04/10/98
JoAnne Brandes	Secretary	1525 Howe Street Racine, WI 53403	04/10/98
Mimi Parra	Vice President, Treasurer, CFO, & Assistant Secretary	8300 Executive Center Dr Miami, FL 33166-4680	03/01/95
Sue Ruedinger	Assistant Treasurer	1525 Howe Street Racine, WI 53403	01/01/98

DIRECTORS

David A. Callewaert	Director	1525 Howe Street Racine, WI 53403	03/01/95
W. John Walley	Director	1525 Howe Street Racine, WI 53403	04/10/98
Paulo S. Bello	Director	8300 Executive Center Dr. Miami, FL 33166-4680	03/01/95
JoAnne Brandes	Director	1525 Howe Street Racine, WI 53403	04/10/98
Frederick R. Cross	Director	1525 Howe Street Racine, WI 53403	04/10/98

