

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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 668864 (2)

1. Corporation Name
KEENE ROAD LANDFILL, 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. 22	2a. Mailing Address 26 3003 Butterfield Road Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 05/05/1980	3a. Date of Last Report 04/09/1996
City & State 23 Oak Brook, IL 60521 Zip 24 60521	City & State 28 Oak Brook, IL 60521 Zip 29 60521	4. FEI Number 59-2044226	Applied For Not Applicable
Country 25 DuPage	Country 30 DuPage	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	

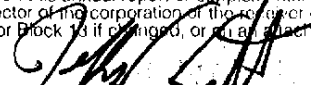
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
		81 Name					
		82 Street Address (P.O. Box Number is Not Acceptable)					
		83					
		84 City	FL	85 Zip Code			

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, STEPHEN D	2.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	2.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIER, BARBARA L	3.2 NAME	Jeffrey C. Everett
STREET ADDRESS	3003 BUTTERFIELD RD.	3.3 STREET ADDRESS	3003 Butterfield Road
CITY-ST-ZIP	OAK BROOK IL	3.4 CITY-ST-ZIP	Oak Brook, IL 60521
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, STEPHEN D	4.2 NAME	John Van Gessel
STREET ADDRESS	3003 BUTTERFIELD RD	4.3 STREET ADDRESS	3003 Butterfield Road
CITY-ST-ZIP	OAK BROOK IL	4.4 CITY-ST-ZIP	Oak Brook, IL 60521
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	800002209288 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-06/11/97--01103--013
STREET ADDRESS		6.3 STREET ADDRESS	***165.00
CITY-ST-ZIP		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)(f), 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:  **Jeffrey C. Everett** 1-16-97

CR2E034 (9/96)