

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

FILED

May 07 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 843266 (8)

1. Corporation Name
WMX TECHNOLOGIES, INC.

Principal Place of Business

C/O WASTE MANAGEMENT, INC.
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521

Mailing Address

C/O WASTE MANAGEMENT, INC.
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521-1107

3. Date Incorporated or Qualified

05/14/1979

3a. Date of Last Report

04/09/1996

4. FEI Number

36-2660763

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 3003 Butterfield Road

Suite, Apt. #, etc.

22

City & State

23 Oak Brook, IL

Zip

24 60521

Country

25 DuPage

2a. Mailing Address

26 3003 Butterfield Road

Suite, Apt. #, etc.

27

City & State

28 Oak Brook, IL

Zip

29 60521

Country

30 DuPage

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

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	GETZ, HERBERT A	
STREET ADDRESS	3003 BUTTERFIELD RD	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BUNTROCK, DEAN L	
STREET ADDRESS	3003 BUTTERFIELD RD	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WITT, THOMAS A.	
STREET ADDRESS	3003 BUTTERFIELD RD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KOENIG, JAMES E	
STREET ADDRESS	3003 BUTTERFIELD RD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROONEY, PHILLIP B.	
STREET ADDRESS	3003 BUTTERFIELD RD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	Treasurer
4.3 STREET ADDRESS	John D. Sanford
4.4 CITY-ST-ZIP	3003 Butterfield Road
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Oak Brook, IL 60521
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)(j), 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:

Thomas A. Witt

1-16-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0482963

CR2E034 (9/96)