

**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 # P04662 (3)**

1. Corporation Name

**LIDLAW ENVIRONMENTAL SERVICES (TS), INC.**



Principal Place of Business

220 OUTLET POINTE BLVD.  
C/O ELAINE MCBRIDE JENKINS  
COLUMBIA SC 29210

Mailing Address

220 OUTLET POINTE BLVD.  
C O PAM KEEFE  
COLUMBIA SC 29210  
US

3. Date Incorporated or Qualified  
**01/15/1985**

3a. Date of Last Report  
**01/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 **220 Outlet Pointe Blvd**  
Suite, Apt. #, etc.

26 **220 Outlet Pointe Blvd.**  
Suite, Apt. #, etc.

4. FEI Number  
**57-0784795**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 **Columbia SC**

28 **Columbia SC**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 **29210**

25 **USA**

29 **29210**

30 **USA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 checked="" type="checkbox"/> DELETE
NAME	STILWELL, WILLIAM E.,JR.	
STREET ADDRESS	220 OUTLET POINTE BLVD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BARTOLETTI, MONA	
STREET ADDRESS	220 OUTLET POINTE BLVD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KERR, EDWARD R.	
STREET ADDRESS	220 OUTLET POINTE BLVD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPRINKLE, DAVID M.	
STREET ADDRESS	220 OUTLET POINTE BLVD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, HENRY H.	
STREET ADDRESS	220 OUTLET POINTE BLVD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	RIDINGS, WILLIAM D.	
STREET ADDRESS	220 OUTLET POINTE BLVD	
CITY-ST-ZIP	COLUMBIA SC	

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth W. Winger	
1.3 STREET ADDRESS	220 Outlet Pointe Blvd.	
1.4 CITY-ST-ZIP	Columbia SC 29210	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charles A. Schanneknecht	
2.3 STREET ADDRESS	220 Outlet Pointe Blvd.	
2.4 CITY-ST-ZIP	Columbia SC 29210	
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 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:

*[Handwritten Signature]*

Henry H. Taylor

4-9-96 (603) 798-2993

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)