

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

**FILED**

**Mar 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P04662 (3)**

**1. Corporation Name  
LAIDLAW ENVIRONMENTAL SERVICES (TS), INC.**



**Principal Place of Business**  
220 OUTLET POINTE BLVD  
COLUMBIA SC 29210  
US

**Mailing Address**  
220 OUTLET POINTE BLVD  
COLUMBIA SC 29210-5867  
US

**3. Date Incorporated or Qualified** 01/15/1985  
**3a. Date of Last Report** 04/16/1996

**2. Principal Place of Business** **2a. Mailing Address**

**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

**22** City & State **27** City & State

**23** Zip **28** Zip **29** Country **30** Country

**4. FEI Number** 57-0784795 **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 Fees**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  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 **FL**

**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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P KENNETH W. WINGER	1.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP CHARLES A. JOHANNESMEYER	2.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V KERR, EDWARD R.	3.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Mr. Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINKLE, DAVID M.	4.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S TAYLOR, HENRY H.	5.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AST RIDINGS, WILLIAM D.	6.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	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, or on an attachment with an address.**

**SIGNATURE:** *[Signature]* Henry H. Taylor **Date:** 3/2/97 **Telephone #:** 803-798-2993

CR2E034 (9/96)