

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

FILED

**Mar 26 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 # P04662 (3)
 1. Corporation Name
LIDLAW ENVIRONMENTAL SERVICES (TS), INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 220 OUTLET POINTE BLVD COLUMBIA SC 29210 US	Mailing Address 220 OUTLET POINTE BLVD COLUMBIA SC 29210 US
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3. Date Incorporated or Qualified
01/15/1985

21. Principal Place of Business 1301 GERVAIS STREET Suite, Apt. #, etc. SUITE 300 City & State Columbia, SC Zip 29201	2a. Mailing Address 1301 GERVAIS STREET Suite, Apt. #, etc. SUITE 300 ANITA K. DAMARO City & State Columbia SC Zip 29201
22. Country USA	25. Country USA

4. FEI Number 57-0784795	Applied For <input type="checkbox"/> Not Applicable
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 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNETH W. WINGER		1.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BLVD.		1.3 STREET ADDRESS 1301 GERVAIS ST., SUITE 300	
CITY-ST-ZIP COLUMBIA SC		1.4 CITY-ST-ZIP 29201	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 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 V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KERR, EDWARD R.		3.2 NAME PAUL R. HUMPHREYS	
STREET ADDRESS 220 OUTLET POINTE BLVD		3.3 STREET ADDRESS 1301 GERVAIS ST., SUITE 300	
CITY-ST-ZIP COLUMBIA SC		3.4 CITY-ST-ZIP COLUMBIA, SC 29201	
TITLE SVP	<input type="checkbox"/> DELETE	4.1 TITLE	<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 1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP COLUMBIA SC		4.4 CITY-ST-ZIP 29201	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, HENRY H.		5.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BLVD		5.3 STREET ADDRESS 1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP COLUMBIA SC		5.4 CITY-ST-ZIP 29201	
TITLE AST	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIDINGS, WILLIAM D.		6.2 NAME	
STREET ADDRESS 220 OUTLET POINTE BLVD		6.3 STREET ADDRESS 1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP COLUMBIA SC		6.4 CITY-ST-ZIP 29201	

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.

CR2E034 (10/97)