

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P17976 (2)**  
 1. Corporation Name  
**BROWNING-FERRIS INDUSTRIES OF ALABAMA, INC.**



Principal Place of Business <b>PO BOX 10104 BIRMINGHAM AL 35221 US</b>	Mailing Address <b>757 NORTH ELDRIDGE HOUSTON TX 77078-4435</b>
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified <b>02/10/1988</b>	3a. Date of Last Report <b>04/18/1996</b>
24 Country	25 Country	29 Country	30 Country

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1201 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		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	
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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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNYDER, J F</b>	1.2 NAME	
STREET ADDRESS	<b>580 WESTLAKE PARK BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLSON, WILLIAM H</b>	2.2 NAME	
STREET ADDRESS	<b>757 N. ELDRIDGE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77079</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGER, GERALD K</b>	3.2 NAME	
STREET ADDRESS	<b>757 N. ELDRIDGE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77079</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, RONALD E</b>	4.2 NAME	
STREET ADDRESS	<b>757 N. ELDRIDGE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77079</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULER, EILEEN B</b>	5.2 NAME	
STREET ADDRESS	<b>757 N ELDRIDGE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAICHENDT, JOHN G</b>	6.2 NAME	<b>Hugh J. Dillingham, III</b>
STREET ADDRESS	<b>580 WESTLAKE PARK BLVD.</b>	6.3 STREET ADDRESS	<b>757 N. Eldridge</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>	6.4 CITY-ST-ZIP	<b>Houston, TX 77079</b>

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:  **WILLIAM H. OLSON** 4/22/97 281-870-8100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)