

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90080 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21997

1. Corporation Name
WHEELABRATOR NORTH BROWARD INC.



Principal Place of Business C/O WHEELABRATOR TECH INC 3003 BUTTERFIELD RD OAK BROOK IL 60521	Mailing Address C/O WHEELABRATOR TECH INC 3003 BUTTERFIELD RD OAK BROOK IL 60521
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/06/1988

2. Principal Place of Business 21 <i>c/o Wheelabrator Technologies Inc</i> Suite, Apt. #, etc.	2a. Mailing Address 26 <i>Wheelabrator Technologies Inc</i> Suite, Apt. #, etc.
22 <i>4 Liberty Lane West</i> City & State	27 <i>4 Liberty Lane West</i> City & State
23 <i>Hampton, NH</i> Zip Country	28 <i>Hampton, NH</i> Zip Country
24 <i>03842</i> 25 <i>USA</i>	29 <i>03842</i> 30 <i>USA</i>

4. FEI Number 04-3030218	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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<i>P</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHOE, JOHN M., JR.	1.2 NAME	
STREET ADDRESS	4 LIBERTY LANE W	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON NH	1.4 CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLITCH, LAWRENCE W	2.2 NAME	Gregory T. Sangalis
STREET ADDRESS	4 LIBERTY LANE W	2.3 STREET ADDRESS	1001 Fannin, Suite 4000
CITY-ST-ZIP	HAMPTON NH	2.4 CITY-ST-ZIP	Houston, TX 77002
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, WILLIAM H.	3.2 NAME	Mark P. Hepp
STREET ADDRESS	3001 110TH AVE N	3.3 STREET ADDRESS	4 Liberty Lane West
CITY-ST-ZIP	ST PETERSBURG FL 33716	3.4 CITY-ST-ZIP	Hampton, NH 03842
TITLE	VAST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAK, RICHARD S., JR.	4.2 NAME	
STREET ADDRESS	4 LIBERTY LANE W	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON NH	4.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COZZI, CARRIE L	5.2 NAME	Mary F. Vangile
STREET ADDRESS	3003 BUTTERFIELD ROAD	5.3 STREET ADDRESS	4 Liberty Lane West
CITY-ST-ZIP	OAK BROOK IL 60523	5.4 CITY-ST-ZIP	Hampton, NH 03842
TITLE	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, LORNA	6.2 NAME	Ronald H. Jones
STREET ADDRESS	3003 BUTTERFIELD RD	6.3 STREET ADDRESS	1001 Fannin, Suite 4000
CITY-ST-ZIP	OAK BROOK IL	6.4 CITY-ST-ZIP	Houston, TX 77002

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, with all other like empowered.

SIGNATURE: *Mary F. Vangile* **Mary F. Vangile** *4/6/99* **4/6/99** *603-929-3226* **603-929-3226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)