

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 |
|--|---|---|

DOCUMENT # P34497 (8)

1. Corporation Name
LIDLAW ENVIRONMENTAL SERVICES (FS), INC.



| | |
|---|--|
| Principal Place of Business 220 OUTLET POINTE BLVD. C/O ELAINE MCBRIDE JENKINS HOUSTON TX 77043 | Mailing Address 220 OUTLET POINTE BLVD. C/O PAM KEEFE COLUMBIA SC 29210 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--------------------------|--------------------------|
| 2. Principal Place of Business 21 1301 GERVAIS STREET Suite, Apt. #, etc. 22 Suite 300 City & State 23 Columbia SC Zip 24 29201 | 2a. Mailing Address 26 1301 GERVAIS STREET Suite, Apt. #, etc. 27 Suite 300 ANITA K. D'AMATO City & State 28 Columbia SC Zip 29 29201 | Country 25 USA | Country 30 USA |
|--|--|--------------------------|--------------------------|

| | | |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 06/27/1991 | 4. FEI Number 51-0268319 | 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 | 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

| | | |
|----------------|--------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WINGER, KENNETH | |
| STREET ADDRESS | 220 OUTLET POINTE BLVD. | |
| CITY-ST-ZIP | COLUMBIA SC | |
| TITLE | SVP | <input type="checkbox"/> DELETE |
| NAME | FAUCETT, MICHAEL | |
| STREET ADDRESS | 220 OUTLET POINTE BLVD | |
| CITY-ST-ZIP | CLOUMBIA SC | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | DIEROLF, FREDERICK L. | |
| STREET ADDRESS | 1123 LUMPKIN ROAD | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, HENRY H. | |
| STREET ADDRESS | 220 OUTLET POINTE BLVD. | |
| CITY-ST-ZIP | COLUMBIA SC | |
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | RIDINGS, WILLIAM D. | |
| STREET ADDRESS | 220 OUTLET POINTE BLVD. | |
| CITY-ST-ZIP | COLUMBIA SC | |
| TITLE | SVP | <input type="checkbox"/> DELETE |
| NAME | SPRINKLE, DAVID M. | |
| STREET ADDRESS | 220 OUTLET POINTE BLVD. | |
| CITY-ST-ZIP | COLUMBIA SC | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1301 GERVAIS STREET, SUITE 300 |
| 1.4 CITY-ST-ZIP | 29201 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 1301 GERVAIS STREET, SUITE 300 |
| 2.4 CITY-ST-ZIP | 29201 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | T PAUL R. HUMPHREYS |
| 3.3 STREET ADDRESS | 1301 GERVAIS ST, SUITE 300 |
| 3.4 CITY-ST-ZIP | COLUMBIA, SC 29201 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 1301 GERVAIS STREET, SUITE 300 |
| 4.4 CITY-ST-ZIP | COLUMBIA SC 29201 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | 1301 GERVAIS STREET, SUITE 300 |
| 5.4 CITY-ST-ZIP | 29201 |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | 1301 GERVAIS STREET, SUITE 300 |
| 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.

SIGNATURE _____

CR2E034 (10/97)