FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:10

DOCUMENT # P27661 (8)

1. Corporation Name
LAIDLAW ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
220 OUTLET POINTE BLVD. COLUMBIA SC 29210	220 OUTLET POINTE BLVD. COLUMBIA SC 29210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1990
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 220 Outlet Pointe Blvd
27 C/o Pam KEEFE
28 Columbia SC
29 Zip 29210
30 Country USA

4. FEI Number: 57-0811016 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STILWELL, WILLIAM F., JR	1.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SPRINKLE, DAVID M.	2.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, HENRY H.	3.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	RIDINGS, WILLIAM D.	4.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ROGER	5.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	ARQUILLA, ROBERT	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 is voluntarily furnished and 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: Henry H. Taylor 1-13-95 803 551-4279
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN ON BEHALF OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476102 FP