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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P25704** (8)

1. Corporation Name  
**TRAIL RIDGE LANDFILL, INC.**

Principal Place of Business	Mailing Address
ATTN: BARBARA L. BIER 3003 BUTTERFIELD RD OAK BROOK IL 60521 US	C/O WASTE MANAGEMENT 3003 BUTTERFIELD RD OAK BROOK IL 60521 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/17/1989</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>36-3667296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>TERRY, WILLIAM B.</b>	11 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3003 BUTTERFIELD RD.</b>	CITY - ST - ZIP <b>OAK BROOK IL 60521</b>	12 NAME <b>O'Connor, James E.</b>	
		13 STREET ADDRESS <b>3003 Butterfield Road</b>	
		14 CITY - ST - ZIP <b>Oak Brook, IL 60521</b>	
TITLE <b>VPO</b>	NAME <b>ROGER E. BERRES</b>	21 TITLE <b>VPO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3003 BUTTERFIELD RD.</b>	CITY - ST - ZIP <b>OAK BROOK IL 60521</b>	22 NAME <b>Ferguson, Stephen D.</b>	
		23 STREET ADDRESS <b>same</b>	
		24 CITY - ST - ZIP	
TITLE <b>SD</b>	NAME <b>JOHN J. RAY III</b>	31 TITLE <b>V P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3003 BUTTERFIELD RD.</b>	CITY - ST - ZIP <b>OAK BROOK IL 60521</b>	32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE <b>GERALD D. CURRAN</b>	NAME <b>GERALD D. CURRAN</b>	41 TITLE <b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3003 BUTTERFIELD RD.</b>	CITY - ST - ZIP <b>OAK BROOK IL 60521</b>	42 NAME <b>Ferguson, Stephen D.</b>	
		43 STREET ADDRESS <b>same</b>	
		44 CITY - ST - ZIP	
TITLE <b>AS</b>	NAME <b>BARBARA L. BIER</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3003 BUTTERFIELD RD.</b>	CITY - ST - ZIP <b>OAK BROOK IL 60521</b>	52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
		64 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 110.07(3)(b), 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: Barbara L. Bier 708/572-8841  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Election Year #  
**Barbara L. Bier, Assistant Secretary**