

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25704** (8)

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



Principal Place of Business  
**ATTN: BARBARA L. BIER  
3003 BUTTERFIELD RD  
OAK BROOK IL 60521  
US**

Mailing Address  
**C/O WASTE MANAGEMENT  
3003 BUTTERFIELD RD  
OAK BROOK IL 60521  
US**

3. Date Incorporated or Qualified **08/17/1989** 3a. Date of Last Report **04/20/1995**

4. FEI Number **36-3667296** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when not signing)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>OCONNOR, JAMES E.</b>	
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>	
CITY - ST - ZIP	<b>OAK BROOK IL 60521</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, STEPHEN D.</b>	
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>	
CITY - ST - ZIP	<b>OAK BROOK IL 60521</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHN J. RAY III</b>	
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>	
CITY - ST - ZIP	<b>OAK BROOK IL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, STEPHEN D.</b>	
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>	
CITY - ST - ZIP	<b>OAK BROOK IL 60521</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>BARBARA L. BIER</b>	
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>	
CITY - ST - ZIP	<b>OAK BROOK IL 60521</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**700001773987**  
**-04/09/96--01092--018**  
**\*\*\*200.00**

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)(k), 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* **Barbara L. Bier, Assistant Secretary** 4/2/96 781573-8841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (County) Phone #  
SF 4-9-96

CR2E034 (12/95)