

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

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 60521-1107
US**

2. Principal Place of Business
21 **3003 Butterfield Road**
Suite, Apt. #, etc.

22 **Oak Brook, IL**
City & State

23 **60521** 25 **DuPage**
Zip Country

24 **60521** 29 **DuPage**
Zip Country

3. Date Incorporated or Qualified **08/17/1989**

3a. Date of Last Report **04/09/1996**

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

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

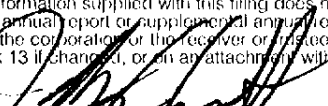
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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's signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCONNOR, JAMES E.	1.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, STEPHEN D.	2.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIER, BARBARA L	3.2 NAME	Assistant Secretary
STREET ADDRESS	3003 BUTTERFIELD RD.	3.3 STREET ADDRESS	Jeffrey C. Everett
CITY-ST-ZIP	OAK BROOK IL	3.4 CITY-ST-ZIP	3003 Butterfield Road
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, STEPHEN D.	4.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Jeffrey C. Everett	
3003 Butterfield Road	
Oak Brook, IL 60521	

14. I do 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 in an attachment with an address.

SIGNATURE:  **Jeffrey C. Everett** 1-16-97

CR2E034 (9/96)