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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90205 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # H26310

1. Corporation Name  
**WASTE MANAGEMENT OF LEON COUNTY, INC.**



Principal Place of Business Mailing Address

ATTN: CARRIE L COZZI  
 3003 BUTTERFIELD RD.  
 OAK BROOK IL 60521  
 US

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 3003 BUTTERFIELD RD  
 OAK BROOK IL 60521  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 1001 Fannin 26 1001 Fannin  
 Suite 4000 Suite 4000 etc.

22 City & State 27 City & State  
 Houston, Texas Houston, Texas

23 Zip 28 Zip  
 77002 77002

24 Country 25 Country  
 USA USA

3. Date Incorporated or Qualified  
 10/19/1984

4. FEI Number Applied For  
 36-3319565 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 owes the current year, Intangible Personal Property Tax.  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  
 85 Zip Code  
 FL

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 \_\_\_\_\_ 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 O'CONNOR, JAMES E. 3003 BUTTERFIELD RD. OAK BROOK IL 60521	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Miller Mathews, Jr.
NAME	STEVEN D. FERGUSON 3003 BUTTERFIELD RD. OAK BROOK IL 60521	<input checked="" type="checkbox"/> DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP SVP, Secretary & Sole Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gregory T. Sangalis 1001 Fannin Suite 4000 Houston, Texas 77002
STREET ADDRESS	STEVEN D. FERGUSON 3003 BUTTERFIELD RD. OAK BROOK IL 60521	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP & Asst. Secretary Bryan Blankfield 1001 Fannin Suite 4000 Houston, Texas 77002
CITY-ST-ZIP	AS COZZI, CARRIE L 3003 BUTTERFIELD ROAD OAK BROOK IL 60521	<input checked="" type="checkbox"/> DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP VP & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ronald Jones 1001 Fannin Suite 4000 Houston, Texas 77002
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP & Asst. Treasurer Jeffrey A. Draper 1001 Fannin Suite 4000 Houston, Texas 77002
NAME		<input type="checkbox"/> DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP EVP. & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Earl DeFrates 1001 Fannin Suite 4000 Houston, Texas 77002
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	4.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President Miller Mathews, Jr.
1.2 NAME	1001 Fannin Suite 4000
1.3 STREET ADDRESS	Houston, Texas 77002
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SVP, Secretary & Sole Director
2.2 NAME	Gregory T. Sangalis
2.3 STREET ADDRESS	1001 Fannin Suite 4000
2.4 CITY-ST-ZIP	Houston, Texas 77002
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP & Asst. Secretary
3.2 NAME	Bryan Blankfield
3.3 STREET ADDRESS	1001 Fannin Suite 4000
3.4 CITY-ST-ZIP	Houston, Texas 77002
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP & Treasurer
4.2 NAME	Ronald Jones
4.3 STREET ADDRESS	1001 Fannin Suite 4000
4.4 CITY-ST-ZIP	Houston, Texas 77002
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP & Asst. Treasurer
5.2 NAME	Jeffrey A. Draper
5.3 STREET ADDRESS	1001 Fannin Suite 4000
5.4 CITY-ST-ZIP	Houston, Texas 77002
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	EVP. & CFO
6.2 NAME	Earl DeFrates
6.3 STREET ADDRESS	1001 Fannin Suite 4000
6.4 CITY-ST-ZIP	Houston, Texas 77002

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, with all other like empowered.

SIGNATURE: *[Signature]* Bryan J. Blankfield 4/6/1999 713/512-6200  
 Signature and typed or printed name of signing officer or director Vics President & Assistant Secretary Daytime Phone #

CR2E034 (1/198)