

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 20 AM 7:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 240165 (1)**

1. Corporation Name

**WASTE MANAGEMENT OF ORLANDO, INC.**

Principal Place of Business

C/O WASTE MANAGEMENT INC  
3003 BUTTERFIELD RD  
OAK BROOK IL 60521  
US

Mailing Address

C/O WASTE MANAGEMENT INC  
3003 BUTTERFIELD RD  
OAK BROOK IL 60521  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/01/1960** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-0931898** 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD**  
NAME **RAY, III, JOHN J**  
STREET ADDRESS **500 CYPRESS CREEK RD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VTD**  
NAME **STEVENSON, RICHARD G**  
STREET ADDRESS **500 CYPRESS CREEK RD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PD**  
NAME **OCONNOR, JAMES E.**  
STREET ADDRESS **500 CYPRESS CREEK RD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **AS**  
NAME **KRUSE, HOWARD L**  
STREET ADDRESS **3003 BUTTERFIELD RD**  
CITY-ST-ZIP **OAK BROOK IL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **NONE**  Change  Addition  
12 NAME  
13 STREET ADDRESS **3003 Butterfield Road**  
14 CITY-ST-ZIP **Oak Brook, IL 60521**

21 TITLE **D/VP/T**  Change  Addition  
22 NAME **Ferguson, Stephen D.**  
23 STREET ADDRESS **3003 Butterfield Road**  
24 CITY-ST-ZIP **Oak Brook, IL 60521**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE **AS**  Change  Addition  
42 NAME **Bier, Barbara L.**  
43 STREET ADDRESS **3003 Butterfield Road**  
44 CITY-ST-ZIP **Oak Brook, IL 60521**

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
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 119.07(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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barbara L. Bier, Assistant Secretary**

7087572-8841

Date

Signature/Title #