


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

FILED

Apr 29 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 260451 (0)
1. Corporation Name
GENERAL SANITATION CORPORATION



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

Mailing Address
ATTN: BARBARA L. BIER
3003 BUTTERFIELD RD
OAK BROOK IL 60521
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------------------------|-----------|----------------------------|-----------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/29/1962 | |
| 21 | | 26 | | 4. FEI Number 59-0991713 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| | | | | | | | |
|-----------------------------------|----------------------|---------------------------------|--|--|---------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | O'CONNOR, JAMES E. | | | 1.2 NAME | | | |
| STREET ADDRESS | 8003 BUTTERFIELD RD. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | OAK BROOK IL 60521 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VPD | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STEVEN D. FERGUSON | | | 2.2 NAME | | | |
| STREET ADDRESS | 9003 BUTTERFIELD RD. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | OAK BROOK IL 60521 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STEVEN D. FERGUSON | | | 3.2 NAME | | | |
| STREET ADDRESS | 3003 BUTTERFIELD RD. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | OAK BROOK IL 60521 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | Carrie L. Cozzi | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | 3003 Butterfield Road, | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | Oak Brook, Illinois 60523 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 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 | | <input type="checkbox"/> DELETE | | 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 | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Carrie L. Cozzi* **4/16/98 (630) 572-8800**

CR2E034 (10/97)