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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **327888** **(4)**

1. Corporation Name
HARRIS DISPOSAL SERVICE, INC.

Principal Place of Business	Mailing Address
C/O WASTE MGMT INC 3003 BUTTERFIELD RD OAK BROOK IL 60521 US	ATTN: BARBARA L. BIER 3003 BUTTER RD. OAK BROOK IL 60521-1107 US

3. Date Incorporated or Qualified: 03/25/1968	3a. Date of Last Report: 04/09/1996
4. FEI Number: 59-1215794	☐ 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 3003 Butterfield Road	26 3003 Butterfield Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Oak Brook, IL	City & State 28 Oak Brook, IL
Zip 24 60521 Country 25 DuPage	Zip 29 60521 Country 30 DuPage

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 _____ 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	☐ DELETE	1.1 TITLE	Director	☐ Change ☐ Addition
NAME	O'CONNOR, JAMES E		1.2 NAME	John Van Gessel	
STREET ADDRESS	3003 BUTTERFIELD RD.		1.3 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	OAK BROOK IL		1.4 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	VPD	☐ DELETE	2.1 TITLE	Assistant Secretary	☐ Change ☐ Addition
NAME	FERGUSON, STEPHEN D		2.2 NAME	Jeffrey C. Everett	
STREET ADDRESS	32003 BUTTERFIELD RD.		2.3 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	OAK BROOK IL		2.4 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	AS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BIER, BARBARA L		3.2 NAME		
STREET ADDRESS	3003 BUTTERFIELD RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, STEPHEN D		4.2 NAME		
STREET ADDRESS	3003 BUTTERFIELD R		4.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: _____ Jeffrey C. Everett 1-17-97