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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # 331223

(8)

1. Corporation Name

WILLIAMS DISPOSAL SERVICE, INC.

Principal Place of Business

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

Mailing Address

ATTN: BARBARA L. BIER  
3003 BUTTERFIELD RD  
OAK BROOK IL 60521-1107  
US

2. Principal Place of Business

21 3003 Butterfield Road

Suite, Apt. #, etc.

22

City & State

23 Oak Brook, IL

Zip

24 60521

Country

25 DuPage

2a. Mailing Address

26 3003 Butterfield Road

Suite, Apt. #, etc.

27

City & State

28 Oak Brook, IL

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

3. Date Incorporated or Qualified

06/13/1968

3a. Date of Last Report

04/09/1996

4. FEI Number

59-1219834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

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 ☐ DELETE

NAME PD  
O'CONNOR, JAMES E.  
STREET ADDRESS 3003 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK IL 60521

TITLE ☐ DELETE

NAME VPD  
STEVEN D. FERGUSON  
STREET ADDRESS 3003 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK IL 60521

TITLE ☒ DELETE

NAME AS  
BIER, BARBARA L  
STREET ADDRESS 3003 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK IL 60521

TITLE ☐ DELETE

NAME T  
STEVEN D. FERGUSON  
STREET ADDRESS 3003 BUTTERFIELD ROAD  
CITY-ST-ZIP OAK BROOK IL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

1-16-97

CR2E034 (9/96)