

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

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 # 336044 (3)

1. Corporation Name
TOWN AND COUNTRY REFUSE, 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, Illinois

Zip Country
24 60521 25 DuPage

2a. Mailing Address

26 3003 Butterfield Road
Suite, Apt. #, etc.

27

City & State
28 Oak Brook, Illinois

Zip Country
29 60521 30 DuPage

3. Date Incorporated or Qualified

10/04/1968

3a. Date of Last Report

04/09/1996

4. FEI Number

59-1224889

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

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

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

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

TITLE T
NAME STEVEN D. FERGUSON
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY - ST - ZIP OAK BROOK IL 60521
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE Assistant Secretary
3.2 NAME Jeffrey C. Everett
3.3 STREET ADDRESS 3003 Butterfield Road
3.4 CITY - ST - ZIP Oak Brook, IL 60521
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 attached form with an address

SIGNATURE

Jeffrey C. Everett

1-16-97

CR2E034 (9/96)