

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

DOCUMENT # 668864

(2)

1. Corporation Name

KEENE ROAD LANDFILL, INC.

**APPROVED
AND
FILED**

95 APR 20 AM 11:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1980

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2044226

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. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

O'CONNOR, JAMES E.

STREET ADDRESS

3003 BUTTERFIELD RD

CITY- ST- ZIP

OAK BROOK IL

TITLE

VPO

NAME

FERGUSON, STEPHEN D

STREET ADDRESS

3003 BUTTERFIELD RD.

CITY- ST- ZIP

OAK BROOK IL

TITLE

SD

NAME

RAY II, JOHN J

STREET ADDRESS

3003 BUTTERFIELD RD.

CITY- ST- ZIP

OAK BROOK IL

TITLE

T

NAME

FERGUSON, STEPHEN D

STREET ADDRESS

3003 BUTTERFIELD RD

CITY- ST- ZIP

OAK BROOK IL

TITLE

AS

NAME

BIER, BARBARA L

STREET ADDRESS

3003 BUTTERFIELD RD.

CITY- ST- ZIP

OAK BROOK IL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

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 110.07(3)(k), 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

708/572-8841

TELE

TELEPHONE NUMBER