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**May 07 1997 8:00am
Secretary of State**

***PROFIT CORPORATION ANNUAL REPORT 1997**



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

DOCUMENT # 843266 (8)
1. Corporation Name
WMX TECHNOLOGIES, INC.



Principal Place of Business Mailing Address
**C/O WASTE MANAGEMENT, INC.
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521**

3. Date Incorporated or Qualified 05/14/1979	3a. Date of Last Report 04/09/1996
4. FEI Number 36-2660763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3003 Butterfield Road Suite, Apt. #, etc.	26 3003 Butterfield Road Suite, Apt. #, etc.
22 City & State	27 City & State
23 Oak Brook, IL	28 Oak Brook, IL
24 Zip Country 60521 DuPage	29 Zip Country 60521 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
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 _____
Signatures typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	GETZ, HERBERT A
STREET ADDRESS	3003 BUTTERFIELD RD
CITY-ST-ZIP	OAK BROOK IL
TITLE	C <input type="checkbox"/> DELETE
NAME	BUNTROCK, DEAN L
STREET ADDRESS	3003 BUTTERFIELD RD
CITY-ST-ZIP	OAK BROOK IL
TITLE	AS <input type="checkbox"/> DELETE
NAME	WITT, THOMAS A.
STREET ADDRESS	3003 BUTTERFIELD RD
CITY-ST-ZIP	OAK BROOK IL 60521
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	KOENIG, JAMES E
STREET ADDRESS	3003 BUTTERFIELD RD
CITY-ST-ZIP	OAK BROOK IL 60521
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	ROONEY, PHILLIP B.
STREET ADDRESS	3003 BUTTERFIELD RD
CITY-ST-ZIP	OAK BROOK IL 60521
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	John D. Sanford
4.4 CITY-ST-ZIP	3003 Butterfield Road
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Oak Brook, IL 60521
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas A. Witt* **Thomas A. Witt** **1-16-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)