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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # F93000001532 (1)

1. Corporation Name

PHILIP ENVIRONMENTAL SERVICES CORPORATION



Principal Place of Business

Mailing Address

210 W SAND BANK RD  
COLUMBIA IL 62236  
US

210 W SAND BANK RD  
COLUMBIA IL 62236  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MATHES, GARY	
STREET ADDRESS	210 W SAND BANK RD	
CITY-ST-ZIP	COLUMBIA IL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PINGUE, ANTONIO	
STREET ADDRESS	2 FIRST CANADIAN PL	
CITY-ST-ZIP	TORONTO ON	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOUGHTON, MARVIN	
STREET ADDRESS	2 FIRST CANADIAN PL	
CITY-ST-ZIP	TORONTO ON	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOULE, M C H	
STREET ADDRESS	2 FIRST CANADIAN PL	
CITY-ST-ZIP	TORONTO ON	
TITLE	C	<input type="checkbox"/> DELETE
NAME	WEST, LANCE B	
STREET ADDRESS	210 W SAND BANK RD	
CITY-ST-ZIP	COLUMBIA IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRACASSI, PHILIP	
STREET ADDRESS	2 FIRST CANADIAN PL	
CITY-ST-ZIP	TORONTO ON	

1.1 TITLE	PD	Change: <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM HAWITT	
1.3 STREET ADDRESS	210 W. SAND BANK ROAD	
1.4 CITY-ST-ZIP	COLUMBIA, IL 62236	
2.1 TITLE	VP	<input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL D. MILLER	
2.3 STREET ADDRESS	210 W. SAND BANK ROAD	
2.4 CITY-ST-ZIP	COLUMBIA, IL 62236	
3.1 TITLE		<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME	MARVIN BOUGHTON	
3.3 STREET ADDRESS	2 FIRST CANADIAN PLACE	
3.4 CITY-ST-ZIP	TORONTO, ONTARIO M5X 1E2	
4.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME	LANCE B. WEST	
5.3 STREET ADDRESS	210 W. SAND BANK ROAD	
5.4 CITY-ST-ZIP	COLUMBIA, IL 62236	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME	PHILIP FRACASSI	
6.3 STREET ADDRESS	100 KING ST. WEST	
6.4 CITY-ST-ZIP	HAMILTON, ONTARIO L8N 4J6	

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 119.07(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: PAUL D. MILLER 4/26/96 (618) 281-7173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR Date: Daytime Phone:

CR2E034 (12/95)