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Apr 24 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 # 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 62236-1044  
US

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

05/01/1996

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | PD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | HEWITT, WILLIAM        |                                            |
| STREET ADDRESS | 210 W SAND BANK RD     |                                            |
| CITY-ST-ZIP    | COLUMBIA IL            |                                            |
| TITLE          | VP                     | <input type="checkbox"/> DELETE            |
| NAME           | MILLER, PAUL D.        |                                            |
| STREET ADDRESS | 210 W SAND BANK ROAD   |                                            |
| CITY-ST-ZIP    | COLUMBIA IL            |                                            |
| TITLE          | VP                     | <input type="checkbox"/> DELETE            |
| NAME           | BOUGHTON, MARVIN       |                                            |
| STREET ADDRESS | 2 FIRST CANADIAN PLACE |                                            |
| CITY-ST-ZIP    | TORONTO CA             |                                            |
| TITLE          | S                      | <input type="checkbox"/> DELETE            |
| NAME           | SOULE, M C H           |                                            |
| STREET ADDRESS | 2 FIRST CANADIAN PL    |                                            |
| CITY-ST-ZIP    | TORONTO ON             |                                            |
| TITLE          | VP                     | <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 | 100 KING ST WEST       |                                            |
| CITY-ST-ZIP    | HAMILTON ON            |                                            |

|                    |                         |                                                                              |
|--------------------|-------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | President               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Jerry Renland           |                                                                              |
| 1.3 STREET ADDRESS | 10 Buff Road, Suite 500 |                                                                              |
| 1.4 CITY-ST-ZIP    | Pittsburgh, PA 15235    |                                                                              |
| 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           |                         |                                                                              |
| 4.3 STREET ADDRESS |                         |                                                                              |
| 4.4 CITY-ST-ZIP    |                         |                                                                              |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                         |                                                                              |
| 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:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 (618) 281-7173

Date

Daytime Phone #

CR2E034 (9/96)