

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:19

DOCUMENT # F93000002453 (9)

1. Corporation Name

CITIZENS CLEARINGHOUSE FOR HAZARDOUS WASTES, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**119 ROWELL COURT
P. O. BOX 6806
FALLS CHURCH VA 22040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/25/1993** 3a. Date of Last Report **08/18/1994**
4. FEI Number **52-1219489** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RUHL, SUZI
1115 NORTH GADSEN
TALLAHASSEE FL 32303-6327**

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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
DC LEVINE, MURRAY 74 COLONIAL CIRCLE BUFFALO NY 14213
DVC MILLER, KENNETH 125 SUNSET DR. ITHACA NY 14850
D RUHL, SUZI 1115 NORTH GADSEN TALLAHASSEE FL 32303-6327
D AUGUSTINE, ROSE 7051 W. BOPP ROAD TUSCON AZ 85748
P GIBBS, LOIS MARIE 7311 HUGHES COURT FALLS CHURCH VA 22048
S GIBSON, HOLLY 12679 MARCUM COURT FAIRFAX VA 22033

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 supplied 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13; if changed, if on an attachment with an address.

SIGNATURE: Lois Marie Gibbs 1/28/95 703-287-2249

(Signature and typed or printed name of signing officer or director) (Date) (Telephone No.)