

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F93000002453 (9)**  
1. Corporation Name  
**CITIZENS CLEARINGHOUSE FOR HAZARDOUS WASTES, INC**



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

3. Date Incorporated or Qualified **05/25/1993** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **52-1219489** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVINE, MURRAY</b>	
STREET ADDRESS	<b>74 COLONIAL CIRCLE</b>	
CITY-ST-ZIP	<b>BUFFALO NY 14213</b>	
TITLE	<b>DVC</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, KENNETH</b>	
STREET ADDRESS	<b>125 SUNSET DR.</b>	
CITY-ST-ZIP	<b>ITHACA NY 14850</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUHL, SUZI</b>	
STREET ADDRESS	<b>1115 NORTH GADSEN</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303-6327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AUGUSTINE, ROSE</b>	
STREET ADDRESS	<b>7051 W. BOPP ROAD</b>	
CITY-ST-ZIP	<b>TUSCON AZ 85746</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBBS, LOIS MARIE</b>	
STREET ADDRESS	<b>7311 HUGHES COURT</b>	
CITY-ST-ZIP	<b>FALLS CHURCH VA 22046</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBSON, HOLLY</b>	
STREET ADDRESS	<b>12679 MARCUM COURT</b>	
CITY-ST-ZIP	<b>FAIRFAX VA 22033</b>	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Suzi Ruhl* **4/24/96** **708-237-2249**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)