

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 28 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 # F94000003187 (1)

1. Corporation Name

WASTEQUIP MANUFACTURING COMPANY



Principal Place of Business

SUITE 140  
25800 SCIENCE PARK DRIVE  
BEACHWOOD OH 44122

Mailing Address

SUITE 140  
25800 SCIENCE PARK DRIVE  
BEACHWOOD OH 44122-7311

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

04/29/1996

4. FEI Number

22-3191624

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	WALTON, CHARLES W	
STREET ADDRESS	25800 SCIENCE PARK DRIVE, SUITE 140	
CITY-ST-ZIP	BEACHWOOD OH 44122	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, GEORGE L.	
STREET ADDRESS	25800 SCIENCE PARK DRIVE, SUITE 140	
CITY-ST-ZIP	BEACHWOOD OH	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	GARCIA, RICHARD L	
STREET ADDRESS	25800 SCIENCE PARK DRIVE, SUITE 140	
CITY-ST-ZIP	BEACHWOOD OH 44122	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOSEPH D	
STREET ADDRESS	800 SUPERIOR AVENUE, SUITE 1800	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FAVINACCI, PAIGE	
STREET ADDRESS	25800 SCIENCE PARK DRIVE, SUITE 140	
CITY-ST-ZIP	BEACHWOOD OH 44122	
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	
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, unchanged or on an attachment with an address.

SIGNATURE:

*Kermit...*

Chief Financial Officer

2/24/97

216-292-2554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)