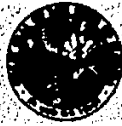


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 10:17

DOCUMENT # G28181 (7)

1. Corporation Name

INDUSTRIAL WASTE INCORPORATED

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

ATTN: BARBARA L. BIER
3003 BUTTERFIELD RD.
OAK BROOK IL 60521
US

ATTN: BARBARA L. BIER
3003 BUTTERFIELD RD
OAK BROOK IL 60521
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/16/1983** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2473244** 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	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	1. 1. TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, PATRICK J	1.2 NAME	INGALLS, HAROLD W.
STREET ADDRESS	3003 BUTTERFIELD RD.	1.3 STREET ADDRESS	same
CITY-ST-ZIP	OAK BROOK IL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON ROYAL W	2.2 NAME	STANCZAK, STEPHEN P.
STREET ADDRESS	3003 BUTTERFIELD RD.	2.3 STREET ADDRESS	same
CITY-ST-ZIP	OAK BROOK IL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEACHUM, JOHN W	3.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MICHAEL T	4.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIER, BARBARA L	5.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEACHUM, JOHN W.	6.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK FL	6.4 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 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: *Barbara L. Bier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara L. Bier, Assistant Secretary

708/572-8841

Date

Signature Block 9