PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H31008

1. Corporation Name

SOUTH BROWARD COUNTY RESOURCE RECOVERY PROJECT.

Principal Place of Business

Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90080 034 ***150.00



| C/O WHEELABRATOR TECH INC. 3003 BUTTERFIELD RD OAK BROOK IL 60521 | | C/O WHEELABRATOR TECH INC. 3003 BUTTERFIELD RD OAK BROOK IL 60521 | | | DO NOT WRITE IN THIS SPACE |
|---|----------------------------|---|-----------------------|-----------------|--|
| 1 | | | | | 3. Date Incorporated or Qualifed 11/21/1984 |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number Applied For |
| 21 Yo Whee | labrator Technologies Inc. | 26 % Wheela brater Technologies Inc | | 0/85 | The 02-0442118 Not Applicable |
| Suite, Apt. # | ‡, etc. | Batte, Apr. W. Oto. | | | E Cortifecto of Status Desired |
| 22 4 Liber | ty Lane West | 27 4 Liberty Lane West | | et | Fee Required |
| City & State City & State | | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 Hampton NH | | 28 Hampton, NH | | | Trust Fund Contribution Added to Fees |
| Zip Country | | Zip Country | | | 8. This corporation owes the current year Intangible |
| 24 03842 | 25 USA | 29 <u>03842</u> 30 | u | <u> 42</u> | Personal Property Tax. ☐ Yes ☑ No |
| Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | |
| 81 Name | | | | | ne . |
| CT CORPORATION SYSTEM | | | | Street | et Address (P.O. Box Number is Not Acceptable) |
| 1200 S. PINE ISLAND HOAD | | | | 00 | |
| PLANTATION FL 33324 | | | | | |
| Î | | | 84 | - | ■■ 85 Zip Code |
| 1 | | | 184 | City | FL S Z S S S S S S S S |
| 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 | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | D DEhange Addition |
| NAME | KEHOE, JOHN M., JR. | | 1,2 NAME | | |
| STREET ADDRESS | 4 LIBERTY LANE W | | 1.3 STREE | T ADDRESS | ea: |
| CITY-ST-ZIP | HAMPTON NH | | 1,4 CITY- | | |
| TITLE | VSD | ⊠ DELETE | 2.1 TITLE | | VSD ⊠Change ⊠Addition |
| NAME | PLITCH, LAWRENCE W | | 2.2 NAME | | Gregory T. Sangalis |
| STREET ADDRESS | 4 LIBERTY LANE W | | | T ADDRESS | 1100 20 100 1000 |
| 1 | HAMPTON NH | • | 2.4 CITY- | | Houston, TX 77002 |
| CITY-ST-ZIP | VAT | ∑ DELETE | 3,1 TITLE | 31-21- | Change Addition |
| i l | HAAK, RICHARD S.JR. | 25-25-1 | 3.2 NAME | | Mark P. Hepp |
| NAME | 4 LIBERTY LANE W | | | TADDRESS | |
| STREET ADDRESS | HAMPTON NH | | 3.4. CITY- | | Hampton, NH 03842 |
| CITY-ST-ZIP | AT | [3€DELETE | 4.1 TITLE | 31-ZIP | |
| i l | TURNER, LORNA | 23.020-12 | 4, 2 NAME | | |
| NAME | 3003 BUTTERFIELD RD | | | T ADDRESS | Mary F. Vangile |
| STREET ADDRESS | OAK BROOK IL | | | | |
| CITY-ST-ZIP | | ⊠ DELETE | 4.4 CITY-1 | 51-ZIP | Nampton, NH 03842 |
| TITLE | AS COZZIE CARDIE I | SZ DECE IE | 5.1 IIILE 5.2 NAME | | _ · _ |
| NAME | COZZIE, CARRIE L | | | T ADDRESS | Ronald N. Jones |
| STREET ADDRESS | 3003 BUTTERFIELD RD | | 5.4 CITY-: | | I JULII FUNDIN CILII C 100 C |
| CITY-ST-ZIP | OAK BROOK IL 60523 | ₹ DELETE | 6.1 TITLE | - 1-4 11 | Houston TX 77002 |
| TITLE | VS | ₹Z) DETE IE | 6.2 NAME | | |
| NAME { | PLITCH, LAWRENCE W | | | | |
| STREET ADDRESS | 4 LIBERTY LANE W | | 6.3 STREE | T ADDRESS | SS |

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

HAMPTON, NH.