

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P04662** (3)
1. Corporation Name
LIDLAW ENVIRONMENTAL SERVICES (TS), INC.



Principal Place of Business 220 OUTLET POINTE BLVD COLUMBIA SC 29210 US	Mailing Address 220 OUTLET POINTE BLVD COLUMBIA SC 29210 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1301 GERVAIS STREET Suite, Apt. #, etc. 22 Suite 300 City & State 23 Columbia, SC Zip 24 29201		2a. Mailing Address 26 1301 GERVAIS STREET Suite, Apt. #, etc. 27 Suite 300 ANITA K. D'AMATO City & State 28 Columbia SC Zip 29 29201		3. Date Incorporated or Qualified 01/15/1985	
4. FEI Number 57-0784795		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	P KENNETH W. WINGER 220 OUTLET POINTE BLVD. COLUMBIA SC	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1301 GERVAIS ST., Suite 300
CITY-ST-ZIP		1.4 CITY-ST-ZIP	29201
TITLE <input type="checkbox"/> DELETE	VP CHARLES A. JOHANNESMEYER 220 OUTLET POINTE BLVD. COLUMBIA SC	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	V KERR, EDWARD R. 220 OUTLET POINTE BLVD COLUMBIA SC	3.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T
NAME		3.2 NAME	PAUL R. Humphreys
STREET ADDRESS		3.3 STREET ADDRESS	1301 GERVAIS ST., Suite 300
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Columbia, SC 29201
TITLE <input type="checkbox"/> DELETE	SVP SPRINKLE, DAVID M. 220 OUTLET POINTE BLVD COLUMBIA SC	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	1301 GERVAIS ST., Suite 300
CITY-ST-ZIP		4.4 CITY-ST-ZIP	29201
TITLE <input type="checkbox"/> DELETE	S TAYLOR, HENRY H. 220 OUTLET POINTE BLVD COLUMBIA SC	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	1301 GERVAIS ST., Suite 300
CITY-ST-ZIP		5.4 CITY-ST-ZIP	29201
TITLE <input type="checkbox"/> DELETE	AST RIDINGS, WILLIAM D. 220 OUTLET POINTE BLVD COLUMBIA SC	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	1301 GERVAIS ST., Suite 300
CITY-ST-ZIP		6.4 CITY-ST-ZIP	29201

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.

CR2E034 (10/97)