

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P11271 (4)

1. Corporation Name

WASTE RECOVERY, INC.



Principal Place of Business

309 S PEARL EXPRESSWAY  
DALLAS TX 75201  
US

Mailing Address

~~2808 GASTON AVE  
DALLAS TX 75226~~

2. Principal Place of Business

2a. Mailing Address

~~SAME~~

3. Date Incorporated or Qualified  
08/28/1986

3a. Date of Last Report  
05/01/1995

4. FEI Number  
75-1833498

Applied For  
Not Applicable

5. Certificate of Status Desired

~~8~~ \$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent/Secretary

Signature of Registered Agent or Registered Agent/Secretary

DATE

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | PT                            | <input type="checkbox"/> DELETE |
| NAME           | EARNshaw, THOMAS L.           |                                 |
| STREET ADDRESS | <del>2808 GASTON AVE.</del>   |                                 |
| CITY-STATE-ZIP | DALLAS TX                     |                                 |
| TITLE          | S                             | <input type="checkbox"/> DELETE |
| NAME           | COCKRUM, JOHN E.              |                                 |
| STREET ADDRESS | <del>2808 GASTON AVE.</del>   |                                 |
| CITY-STATE-ZIP | DALLAS TX                     |                                 |
| TITLE          | D                             | <input type="checkbox"/> DELETE |
| NAME           | SHIVERS, ALLAN JR.            |                                 |
| STREET ADDRESS | <del>1200 GASTON AVENUE</del> |                                 |
| CITY-STATE-ZIP | AUSTIN TX                     |                                 |
| TITLE          | <del>VP FINANCE</del>         | <input type="checkbox"/> DELETE |
| NAME           | <del>SHARON K. PRICE</del>    |                                 |
| STREET ADDRESS | <del>309 S. PEARL EXPY.</del> |                                 |
| CITY-STATE-ZIP | <del>DALLAS, TX 75201</del>   |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | 309 S. PEARL EXPY.                                                           |
| 1.4 CITY-STATE-ZIP | 75201                                                                        |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS | 309 S. PEARL EXPY.                                                           |
| 2.4 CITY-STATE-ZIP | 75201                                                                        |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS | 221 W. 6th St. #1110                                                         |
| 3.4 CITY-STATE-ZIP | Austin, TX 78701                                                             |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-STATE-ZIP |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-STATE-ZIP |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-STATE-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 119.07(3)(g), 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:

*John E. Cockrum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-96

(214) 741-3865

CR2E034 (12/95)