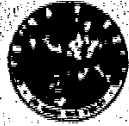


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 20 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11763 (0)

1. Corporation Name

CHEMICAL WASTE MANAGEMENT, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/13/1986

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number

36-2989152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ 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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB D
NAME	D.P. PAYNE
STREET ADDRESS	3003 BUTTERFIELD ROAD
CITY - ST - ZIP	OAK BROOK IL 60521
TITLE	VPD
NAME	JEROME D. GIRSCH
STREET ADDRESS	3003 BUTTERFIELD ROAD
CITY - ST - ZIP	OAK BROOK IL 60521
TITLE	S
NAME	THOMAS A. WITT
STREET ADDRESS	3003 BUTTERFIELD ROAD
CITY - ST - ZIP	OAK BROOK IL 60521
TITLE	AT
NAME	H. VAUGHN HOOKS
STREET ADDRESS	3003 BUTTERFIELD ROAD
CITY - ST - ZIP	OAK BROOK IL 60521
TITLE	AS
NAME	JEFFREY C. EVERETT
STREET ADDRESS	3003 BUTTERFIELD ROAD
CITY - ST - ZIP	OAK BROOK IL 60521
TITLE	B
NAME	ROONEY, PHILIP B.
STREET ADDRESS	3003 BUTTERFIELD ROAD
CITY - ST - ZIP	OAK BROOK IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Michael J. Cole	
1.3 STREET ADDRESS	same	
1.4 CITY - ST - ZIP		
2.1 TITLE	AS	☐ Change ☒ Addition
2.2 NAME	Barbara L. Bier	
2.3 STREET ADDRESS	same	
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 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 907, 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

Date

708/572-8841

Telephone Number