

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 # 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

3. Date Incorporated or Qualified

10/13/1986

3a. Date of Last Report

04/20/1995

4. FEI Number

36-2989152

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when re-registering)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

COLE, MICHAEL J

STREET ADDRESS

3003 BUTTERFIELD ROAD

CITY-ST-ZIP

OAK BROOK FL

TITLE

AS

NAME

BIER, BARBARA L.

STREET ADDRESS

3003 BUTTERFIELD ROAD

CITY-ST-ZIP

OAK BROOK IL

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

D

NAME

ROONEY, PHILLIP B.

STREET ADDRESS

3003 BUTTERFIELD ROAD

CITY-ST-ZIP

OAK BROOK IL

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIVP  
Brian J. Clarke  
3003 Butterfield Rd.  
Oak Brook, IL 60521

DIVP  
Ralph Johnson  
3003 Butterfield Rd  
Oak Brook, IL 60521

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-04/09/96--01092--041  
\*\*\*200.00

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)(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* Barbara L. Bier, Assistant Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 (203)  
572-8841  
SG 4-9-96

CR2E034 (12/95)