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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P11763 (0)

1. Corporation Name
CHEMICAL WASTE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

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

ATTN: BARBARA L. BIER
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521-1107

2. Principal Place of Business

21 3003 Butterfield Road

Suite, Apt. #, etc.

22 City & State

23 Oak Brook, IL

24 Zip

60521

Country

25 DuPage

2a. Mailing Address

26 3003 Butterfield Road

Suite, Apt. #, etc.

27 City & State

28 Oak Brook, IL

29 Zip

60521

Country

30 DuPage

3. Date Incorporated or Qualified

10/13/1986

3a. Date of Last Report

04/09/1996

4. FCI 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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
COLE, MICHAEL J
3003 BUTTERFIELD ROAD
OAK BROOK FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS
BIER, BARBARA L.
3003 BUTTERFIELD ROAD
OAK BROOK IL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
THOMAS A. WITT
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AT
H. VAUGHN HOOKS
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS
JEFFREY C. EVERETT
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
CLARKE, BRIAN J
3003 BUTTERFIELD ROAD
OAK BROOK IL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

Change Addition

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14. I do 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.

SIGNATURE

Jeffrey C. Everett

1-17-97

CR2E034 (9/96)