

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address
Carrie L. Cozzi
ATTN: BARBARA L. BIER
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/13/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		36-2989152	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLE, MICHAEL J			1.2 NAME			
STREET ADDRESS	3003 BUTTERFIELD ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK FL			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS A. WITT			2.2 NAME			
STREET ADDRESS	3003 BUTTERFIELD ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK IL 60521			2.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	H. VAUGHN HOOKS			3.2 NAME			
STREET ADDRESS	3003 BUTTERFIELD ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK IL 60521			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEFFREY C. EVERETT			4.2 NAME			
STREET ADDRESS	3003 BUTTERFIELD ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK IL 60521			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARKE, BRIAN J			5.2 NAME			
STREET ADDRESS	3003 BUTTERFIELD ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK IL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Carrie L. Cozzi		
STREET ADDRESS				6.3 STREET ADDRESS	3003 Butterfield Road,		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Oak Brook, Illinois 60523		

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.

SIGNATURE: Carrie L. Cozzi Asst. Sec. 4/16/98 (630) 572-8800

CR2E034 (10/97)