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FILED
May 15 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 # **P17385** **(6)**

1. Corporation Name
WMI URBAN SERVICES, INC.

Principal Place of Business	Mailing Address
%WASTE MANAGEMENT. INC. 3003 BUTTERFIELD ROAD OAK BROOK IL 60521	%WASTE MANAGEMENT. INC. 3003 BUTTERFIELD ROAD OAK BROOK IL 60521-1107

3. Date Incorporated or Qualified: 12/24/1987
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business
21 3003 Butterfield Road
22 Suite, Apt. #, etc.
23 City & State: Oak Brook, IL
24 Zip: 60521 25 Country: DuPage

2a. Mailing Address
26 3003 Butterfield Road
27 Suite, Apt. #, etc.
28 City & State: Oak Brook, IL
29 Zip: 60521 30 Country: DuPage

4. FEI Number: 36-3524223 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOENIG, JAMES E		1.2 NAME		
STREET ADDRESS	3001 BUTTERFIELD ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE	Director	☐ Change ☐ Addition
NAME	HAU, THOMAS C		2.2 NAME	Herbert A. Getz	
STREET ADDRESS	3003 BUTTERFIELD ROAD		2.3 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	OAK BROOK IL		2.4 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	SDV	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STANCZAK, STEPHEN P.		3.2 NAME		
STREET ADDRESS	3003 BUTTERFIELD ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE	Director	☐ Change ☐ Addition
NAME	TAUKE, DALE B		4.2 NAME	Thomas C. Hau	
STREET ADDRESS	3003 BUTTERFIELD RD		4.3 STREET ADDRESS	3003 Butterfield	
CITY-ST-ZIP	OAK BROOK IL		4.4 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	AS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BIER, BARBARA L		5.2 NAME		
STREET ADDRESS	3003 BUTTERFIELD ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL 60521		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: X Dale B. Tauke Dale B. Tauke, Asst. Secretary 4/23/97 630/572-2429