

**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

FILED  
Apr 18 1996 8:00 am  
Secretary of State

DOCUMENT # P17976 (2)

1. Corporation Name  
**BROWNING-FERRIS INDUSTRIES OF ALABAMA, INC.**

Principal Place of Business Mailing Address  
**PO BOX 10104 BIRMINGHAM AL 35221 US** **757 NORTH ELDRIDGE HOUSTON TX 77079**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/10/1988	04/25/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		63-0391412	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1201 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 applicant. 2007 E. Registered Agent signature required when registering. DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, J F			1.2 NAME			
STREET ADDRESS	580 WESTLAKE PARK BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONE, WALTER W JR.			2.2 NAME	Olson, William H.		
STREET ADDRESS	757 N. ELDRIDGE			2.3 STREET ADDRESS	757 N. Eldridge		
CITY-ST-ZIP	HOUSTON TX 77079			2.4 CITY-ST-ZIP	Houston, TX 77079		
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURGER, GERALD K			3.2 NAME			
STREET ADDRESS	757 N. ELDRIDGE			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77079			3.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		4.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIRVELA, HENRY L			4.2 NAME	Long, Ronald E.		
STREET ADDRESS	757 N. ELDRIDGE			4.3 STREET ADDRESS	757 N. Eldridge		
CITY-ST-ZIP	HOUSTON TX 77079			4.4 CITY-ST-ZIP	Houston, TX 77079		
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULER, EILEEN B			5.2 NAME			
STREET ADDRESS	757 N ELDRIDGE			5.3 STREET ADDRESS	100001786061		
CITY-ST-ZIP	HOUSTON TX			5.4 CITY-ST-ZIP	-04/18/96--01108--005		
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAICHENDT, JOHN G			6.2 NAME			
STREET ADDRESS	580 WESTLAKE PARK BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			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 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: *W.H. Olson* APR 10 1996 William H. Olson/Vice President 713 870 8100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)