

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

PO BOX 10104
BIRMINGHAM AL 35221
US

Mailing Address

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	
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. 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 that of applicant.

2007 E. Registered Agent signature required when not stating.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	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	2.1 TITLE	<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	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	4.1 TITLE	<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	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	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: *Walter W. Stone*

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)