FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 20 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25704** **(8)**

1. Corporation Name
TRAIL RIDGE LANDFILL, INC.

Principal Place of Business	Mailing Address
ATTN: BARBARA L. BIER 3003 BUTTERFIELD RD OAK BROOK IL 60521 US	C/O WASTE MANAGEMENT 3003 BUTTERFIELD RD OAK BROOK IL 60521 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1989	3a. Date of Last Report: 04/29/1994
4. FEI Number: 36-3667296	☐ 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
7. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☒ Addition
NAME	TERRY, WILLIAM B.	12 NAME	O'Connor, James E.	
STREET ADDRESS	3003 BUTTERFIELD RD.	13 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	OAK BROOK IL 60521	14 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	VPD	21 TITLE	VPD	☐ Change ☐ Addition
NAME	ROGER E. BERRES	22 NAME	Ferguson, Stephen D.	
STREET ADDRESS	3003 BUTTERFIELD RD.	23 STREET ADDRESS	same	
CITY-ST-ZIP	OAK BROOK IL 60521	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	VP	☐ Change ☒ Addition
NAME	JOHN J. RAY III	32 NAME		
STREET ADDRESS	3003 BUTTERFIELD RD.	33 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL 60521	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	T	☐ Change ☐ Addition
NAME	GERALD D. CURRAN	42 NAME	Ferguson, Stephen D.	
STREET ADDRESS	3003 BUTTERFIELD RD.	43 STREET ADDRESS	same	
CITY-ST-ZIP	OAK BROOK IL 60521	44 CITY-ST-ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	BARBARA L. BIER	52 NAME		
STREET ADDRESS	3003 BUTTERFIELD RD.	53 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL 60521	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Barbara L. Bier 708/572-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara L. Bier, Assistant Secretary

0308320 CP