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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

TRAIL RIDGE LANDFILL, INC.

FILED	
Apr 29 1998 8:00am	Ì
Secretary of State	



Principal Place	e of Business Cie L. Cozzi	Mailing Address			
ATTN: BARBARA L BIER		C/O WASTE MANAGEMENT			
OAK BROOK I		3003 BUTTERFIELD RD OAK BROOK IL 60521			DO NOT WRITE IN THIS SPACE
US	•	US			3. Date Incorporated or Qualified 08/17/1989
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			36-3667296 Not Applied Pol
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			¢0.75 A 127
22		27			5. Certificate of Status Desired Fee Required
City & State	8	City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country			This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
CT (	CORPORATION SYSTEM		1	Name	me
120	0 <b>\$</b> . Pine island road			32 Stree	eet Address (P.O. Box Number is Not Acceptable)
PLA	NTATION FL 33324		['	31166	ser Address (F.O. Box Number is Not Acceptable)
			Ī	13	
			l.	0	
				City	FL   85   Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the ab	ve-name	ned corporation submits this statement for the purpose of changing its registered
Office or re	e <b>gistered ag</b> ent, or both, in the State om <b>fam</b> iliar with, and accept the obligat	of Florida. Such change was	authorized	by the co	corporation's board of directors. I hereby accept the appointment as registered
=	in terminal with, and accept the obliga-	dons dr. Section 007.0303, Fr	ionua statu	168.	
SIGNATURE	Signature, typed or printed name of registered again	t and title if applicable (NO	1f Registered	Agent signatu	alure required when reinstating) DATE
12.	OFFICERS AND	<del></del>	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 1(1)	E	Change Addition
NAME	<b>O</b> CONNOR, JAMES E.		1,2 NAN	IE	
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>		1.3 STR	ET ADDRESS	ss
CITY-ST-ZIP	OAK BROOK IL 60521		1.4 CITY	- ST- ZIP	
TITLE	VPD	☐ DELETE	2.1 TITL	E	Change Addition
NAME			2.2 NAN	Ε.	
STREET ADDRESS	DORESS 3003 BUTTERFIELD RD. 23:		2.3 STR	ET ADDRESS	SS
CITY-ST-ZIP	QAK BROOK IL 60521		2.4 CIT	r-St-Zip	
TITLE	T	DELETE	3.1 TITL	Ē.	Change Addition
NAME	<b>PE</b> RGUSON, STEPHEN D.		3.2 NAN	E	
STREET ADDRESS	<b>300</b> 3 Butterfield RD.		3 3 STR	ET ADDRESS	ss
CITY-ST-ZIP	OAK BROOK IL 60521		3.4. CIT	r-ST-ZIP	
TITLE	<del>-</del>	DELE <b>te</b>	4.1 TITL		AS Change Addition
NAME			4. 2 NA	AE .	Carrie L. Cozzi
STREET ADDRESS			4.3 STR	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	Oak Brook, Illinois 60523
TITLE		☐ DELETE	5.1 TITL		Change Addition
NAME			5.2 NAM	Ε	
STREET ADDRESS			5.3 STR	ET ADDRESS	ss
CITY-ST-ZIP			5.4 CITY	- \$1 - ZIP	
TITLE		DELETÉ	6.1 TITU		☐ Change ☐ Addition
NAME			6.2 NAM	E	
STREET ADDRESS			6.3 STR	ET ADDRESS	SS S
CITY-ST-ZIP				- ST - ZIP	
Indicated (	<b>on this</b> annual tonoti of supplemental.	annual report is true and acc	curata and	hat mu ci	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an
officer or o	director of the corporation or the receive	ver or trustee empowered to	execute thi	s report a	t as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 o	or Block 13 if ctrankled, or on an attack	nment with an address.			
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