

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30869 (2)
1. Corporation Name
WASTE MANAGEMENT PAPER STOCK COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/05/1990** 3a. Date of Last Report **04/27/1994**

4. FEI Number **36-3726719** 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

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

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 607.1608, 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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME O'CONNOR, JAMES E
STREET ADDRESS 600 CYPRESS CR RD
CITY-ST-ZIP FT LAUDERDALE FL
TITLE VDT
NAME STEVENSON, RICHARD G
STREET ADDRESS 500 CYPRESS CR RD
CITY-ST-ZIP FT LAUDERDALE FL
TITLE SD
NAME RAY, JOHN JIII
STREET ADDRESS 5000 CYPRESS CREEK RD
CITY-ST-ZIP FT LAUDERDALE FL
TITLE AS
NAME KRUSE, HOWARD L
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3003 Butterfield Road
1.4 CITY-ST-ZIP Oak Brook, IL 60521
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Ferguson, Stephen D.
2.3 STREET ADDRESS 3003 Butterfield Road
2.4 CITY-ST-ZIP Oak Brook, IL 60521
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 3003 Butterfield Road
3.4 CITY-ST-ZIP Oak Brook, IL 60521
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Bier, Barbara L.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

708/572-8841

Barbara L. Bier, Assistant Secretary