

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

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



Principal Place of Business: **C/O WASTE MANAGEMENT INC 3003 BUTTERFIELD RD OAK BROOK IL 60521 US**
Mailing Address: **C/O WASTE MANAGEMENT INC 3003 BUTTERFIELD RD OAK BROOK IL 60521 US**

3. Date Incorporated or Qualified: **09/05/1990**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **36-3726719**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: City & State
24: Zip, Country
26: Suite, Apt. #, etc.
27: City & State
28: City & State
29: Zip, Country
30: Zip, 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
85 Zip Code: **FL**

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: _____
(NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'CONNOR, JAMES E	
STREET ADDRESS	3003 BUTTERFIELD ROAD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	SERGUSON, STEPHEN D.	
STREET ADDRESS	3003 BUTTERFIELD ROAD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RAY, JOHN JIII	
STREET ADDRESS	3003 BUTTERFIELD ROAD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BIER, BARBARA L	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: *Barbara L. Bier* **Barbara L. Bier, Assistant Secretary, 4/2/94**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

708/372-8841
SC 41-9-96