

**\*\* AMENDED \*\***

**FILED**

03 OCT -2 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                                         |                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P30869</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                        |                                                                                                                     |
| 1. Entity Name<br><b>WASTE MANAGEMENT PAPER STOCK COMPANY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                                                         |                                                                                                                     |
| Principal Place of Business<br>1001 FANNIN SUITE 4000<br>HOUSTON, TX 77002 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   | Mailing Address<br>1001 FANNIN SUITE 4000<br>HOUSTON, TX 77002 US                                                                       |                                                                                                                     |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   | 3. Mailing Address                                                                                                                      |                                                                                                                     |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | City & State                                                                                                                            |                                                                                                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                           | Zip                                                                                                                                     | Country                                                                                                             |
| 4. FEI Number<br><b>36-3726719</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                                                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | 5. \$8.75 Additional Fee Required                                                                                                       |                                                                                                                     |
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                                                     |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                                                                         |                                                                                                                     |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | DATE                                                                                                                                    |                                                                                                                     |
| Signature, typed or printed name of registered agent and date if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   | (NOTE: Registered Agents signature required when necessary)                                                                             |                                                                                                                     |
| FILE NOV 11 2003 15:00:00<br>After May 1 - 2003 Fee will be \$550.00<br>Amended UBR fee is \$125.00<br>Must be paid to the Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                                                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>HOPKINS, DAVID R<br>1001 FANNIN SUITE 4000<br>HOUSTON, TX 77002 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>See Attached Officers Report</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VAT<br>CARPENTER, DON P<br>1001 FANNIN SUITE 4000<br>HOUSTON, TX 77002 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TV<br>JONES, RONALD H<br>1001 FANNIN SUITE 4000<br>HOUSTON, TX 77002 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SVD<br>STEINER, DAVID P<br>1001 FANNIN SUITE 4000<br>HOUSTON, TX 77002 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AT<br>SEWELL, FRANCES<br>1001 FANNIN SUITE 4000<br>HOUSTON, TX 77002 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VAS<br>SMITH, LINDA J<br>1001 FANNIN SUITE 4000<br>HOUSTON, TX 77002 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                   |                                                                                                                                         |                                                                                                                     |
| SIGNATURE: <i>Frances Sewell</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   | Date: 9/23/03 713-512-6200                                                                                                              |                                                                                                                     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | Date                                                                                                                                    |                                                                                                                     |

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## **FLORIDA**

**Waste Management Paper Stock Company, Inc.**  
(SLATE NO. 10)

|                     |                                                        |
|---------------------|--------------------------------------------------------|
| David R. Hopkins    | President                                              |
| Charles J. Campagna | Vice President                                         |
| Steve Baughman      | Vice President                                         |
| John Van Gessel     | Vice President and Assistant Secretary                 |
| Linda J. Smith      | Sole Director, Vice President and Secretary            |
| Robert G. Simpson   | Vice President, Chief Financial Officer and Controller |
| Ronald H. Jones     | Vice President and Treasurer                           |
| Don P. Carpenter    | Vice President and Assistant Treasurer                 |
| Frances Sewell      | Assistant Treasurer                                    |
| Ronald M. Kaplan    | Assistant Secretary                                    |
| Amanda K. Maki      | Assistant Secretary                                    |
| Frank J. Clement    | Assistant Treasurer                                    |

**Address for all of the above:      1001 Fannin, Suite 4000  
Houston, TX 77002**