

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P33461 (5)

1. Corporation Name

BFI MEDICAL WASTE SYSTEMS SOUTHEAST, INC.



Principal Place of Business

Mailing Address

8607 ROBERTS DR.
ATLANTA GA 30350
US

757 N. ELDRIDGE
HOUSTON TX 77079
US

3. Date Incorporated or Qualified

04/08/1991

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

58-1750575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1201 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 607.1503, 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 the applicant.

(NOTE: Registered Agent signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CLARK, NEIL H., JR.
STREET ADDRESS 8607 ROBERTS DRIVE, #100
CITY-ST-ZIP ATLANTA GA

TITLE V ☐ DELETE

NAME STONE, WALTER W, JR
STREET ADDRESS 757 N. ELDRIDGE
CITY-ST-ZIP HOUSTON TX

TITLE V ☐ DELETE

NAME STEVENS, JOYCE C
STREET ADDRESS 8607 ROBERTS DRIVE, SUITE 100
CITY-ST-ZIP ATLANTA GA

TITLE V ☐ DELETE

NAME WISNIEWSKY, RICHARD L.
STREET ADDRESS 8607 ROBERTS DRIVE, #100
CITY-ST-ZIP ATLANTA GA

TITLE V ☐ DELETE

NAME HOLLOWAY, LARRY
STREET ADDRESS 8607 ROBERTS DRIVE, #100
CITY-ST-ZIP ATLANTA GA

TITLE VPT ☐ DELETE

NAME HIRVELA, HENRY L
STREET ADDRESS 757 N. ELDRIDGE
CITY-ST-ZIP HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Olson, William H.
2.3 STREET ADDRESS 757 N. Eldridge
2.4 CITY-ST-ZIP Houston, TX 77079

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
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 Long, Ronald E.
6.3 STREET ADDRESS 757 N. Eldridge
6.4 CITY-ST-ZIP Houston, TX 77079

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

APR 25 1996

William H. Olson/Vice President 713 870 8100

CR2E034 (12/95)