

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36234

1. Entity Name

PHILIP SERVICES/BIRMINGHAM, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90068 047 ***150.00

Principal Place of Business

Mailing Address

**5151 SAN FELIPE
SUITE 1600
HOUSTON TX 77056
US**

**100 KING ST WEST
22ND FLOOR
HAMILTON ON L7N4J
CA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0499474

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P THOMAS, ALEC**
STREET ADDRESS **5151 SAN FELIPE, STE 1600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP PETERSON, TOM**
STREET ADDRESS **5151 SAN FELIPE, SUITE 1600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S SOULE, COLIN**
STREET ADDRESS **100 KING STREET WEST**
CITY-ST-ZIP **HAMILTON ON L8N4J**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T RAMIREZ, MICHAEL W**
STREET ADDRESS **5151 SAN FELIPE, STE 1600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D THOMAS, ALEX**
STREET ADDRESS **5151 SAN FELIPE, STE 1600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AS VENTRESCA, ANNA**
STREET ADDRESS **100 KING STREET W./HAMILTON ONTARIO**
CITY-ST-ZIP **CANADA L8N 4J6**

TITLE ☒ Change ☐ Addition
NAME **AS ANNA, VENTRESCA.**
STREET ADDRESS **100 KING ST. W. HAMILTON, ONT.**
CITY-ST-ZIP **CAN. L8N 4J6**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar. 24/2000 905-521-1600

CR2F034 (9/99)