

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90046 044 ***150.00

0543579

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P36354

1. Corporation Name

BFI WASTE SYSTEMS OF NORTH AMERICA, INC.

Principal Place of Business

**757 N ELDRIDGE
HOUSTON TX 77079
US**

Mailing Address

**757 N ELDRIDGE
HOUSTON TX 77079
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1991

4. FEI Number

41-1696636

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	J GREGORY MULDOON	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	OLSON, WILLIAM H.	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CAVER, PERRY M	
STREET ADDRESS	757 N ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GERALD K BURGER	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, CATHY E	
STREET ADDRESS	757 E ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LONG, RONALD E.	
STREET ADDRESS	757 N ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	Gerald K. Burger
2.4 CITY-ST-ZIP	757 N. Eldridge, Houston, TX 77079
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vice President/Secretary
3.3 STREET ADDRESS	Edward C. Norwood
3.4 CITY-ST-ZIP	757 N. Eldridge, Houston, TX 77079
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP/AS/D
4.3 STREET ADDRESS	Eileen B. Schuler
4.4 CITY-ST-ZIP	757 N. Eldridge, Houston, TX 77079
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	J. Frederick Snyder
5.4 CITY-ST-ZIP	757 N. Eldridge, Houston, TX 77079
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:



Ronald E. Long

4/30/99

(281) 870-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)