

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

FILED

Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P37934

(7)

1. Corporation Name  
WHEELABRATOR POLK INC.

Principal Place of Business  
3003 BUTTERFIELD ROAD  
OAK BROOK IL 60521

Mailing Address  
3003 BUTTERFIELD ROAD  
OAK BROOK IL 60521



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/17/1992

4. FEI Number  
36-3820155

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KEHOE, JOHN M., JR.  
STREET ADDRESS 4 LIBERTY LANE W  
CITY-ST-ZIP HAMPTON NH ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VDS  
NAME PLUTCH, LAWRENCE W  
STREET ADDRESS 4 LIBERTY LANE W  
CITY-ST-ZIP HAMPTON NH ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VID  
NAME SANFORD, JOHN D.  
STREET ADDRESS 3003 BUTTERFIELD RD  
CITY-ST-ZIP OAK BROOK IL ☒ DELETE

3.1 TITLE AS  
3.2 NAME Carrie L. Cozzi  
3.3 STREET ADDRESS 3003 Butterfield Road,  
3.4 CITY-ST-ZIP Oak Brook, Illinois 60523 ☐ Change ☒ Addition

TITLE AT  
NAME TURNER, LORNA  
STREET ADDRESS 3003 BUTTERFIELD ROAD  
CITY-ST-ZIP OAK BROOK IL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME FERGUSON, WILLIAM H.  
STREET ADDRESS 3001 110TH AVE. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VAST  
NAME HAAK, RICHARD S. JR.  
STREET ADDRESS 4 LIBERTY LANE W  
CITY-ST-ZIP HAMPTON NH ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

Carrie L. Cozzi

CR2E034 (10/97)