

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90080 039 \*\*\*150.00

DOCUMENT # P37934

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

☐

\$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 90 Wheelabrator Technologies Inc.  
Suite, Apt. #, etc.

2a. Mailing Address

26 90 Wheelabrator Technologies Inc.  
Suite, Apt. #, etc.

22 4 Liberty Lane West  
City & State

27 4 Liberty Lane West  
City & State

23 Hampton, NH  
Zip

28 Hampton, NH  
Zip

24 03842

Country

25 USA

29 03842

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	KEHOE, JOHN M., JR.	4 LIBERTY LANE W	HAMPTON NH	<input type="checkbox"/>
VDS	PLUTCH, LAWRENCE W	4 LIBERTY LANE W	HAMPTON NH	<input checked="" type="checkbox"/>
AS	COZZI, CARRIE L	3003 BUTTERFIELD RD	OAK BROOK IL 60523	<input checked="" type="checkbox"/>
AT	TURNER, LORNA	3003 BUTTERFIELD ROAD	OAK BROOK IL	<input checked="" type="checkbox"/>
V	FERGUSON, WILLIAM H.	3001 110TH AVE. NORTH	ST. PETERSBURG FL	<input checked="" type="checkbox"/>
VAST	HAAK, RICHARD S. JR.	4 LIBERTY LANE W	HAMPTON NH	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
VSD	Gregory T. Sangali's	1001 Fannin, Suite 4000	Houston, TX 77002	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
VT	Ronald H. Jones	1001 Fannin, Suite 4000	Houston, TX 77002	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
V	Mark P. Hepp	4 Liberty Lane West	Hampton, NH 03842	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
AS	Mary F. Vangile	4 Liberty Lane West	Hampton, NH 03842	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Mary F. Vangile  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99  
Date

603 929-3226  
Daytime Phone #

CR2E034 (11/98)