

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

05/1080 AV

**DOCUMENT # P37934**

**1. Entity Name**  
**WHEELABRATOR POLK INC.**

02-28-2002 90045 026 \*\*\*150.00

**Principal Place of Business**

**1001 FANNIN SUITE 4000  
 HOUSTON TX 77002**

**Mailing Address**

**1001 FANNIN SUITE 4000  
 HOUSTON TX 77002**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**36-3820155**

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**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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, 2002 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** **P** ☒ Delete  
**NAME** **FELAGO, RICHARD**  
**STREET ADDRESS** **1001 FANNIN SUITE 4000**  
**CITY-ST-ZIP** **HOUSTON TX 77002**

**TITLE** **P** ☒ Change ☐ Addition  
**NAME** **LOWELL, DRENNAN J**  
**STREET ADDRESS** **1001 FANNIN, SUITE 4000**  
**CITY-ST-ZIP** **HOUSTON, TX 77002**

**TITLE** **P** ☐ Delete  
**NAME** **STEINER, DAVID P**  
**STREET ADDRESS** **4115 RICE BLVD**  
**CITY-ST-ZIP** **HOUSTON TX 77005**

**TITLE** **VP** ☒ Change ☐ Addition  
**NAME** **STEINER, DAVID P**  
**STREET ADDRESS** **1001 FANNIN, SUITE 4000**  
**CITY-ST-ZIP** **HOUSTON, TX 77002**

**TITLE** **T** ☐ Delete  
**NAME** **JONES, ROBERT**  
**STREET ADDRESS** **1001 FANNIN SUITE 4000**  
**CITY-ST-ZIP** **HOUSTON TX 77002**

**TITLE** **AT** ☐ Change ☒ Addition  
**NAME** **SEWELL, FRANCES**  
**STREET ADDRESS** **1001 FANNIN, SUITE 4000**  
**CITY-ST-ZIP** **HOUSTON, TX 77002**

**TITLE** **V** ☐ Delete  
**NAME** **SIMPSON, ROBERT**  
**STREET ADDRESS** **1001 FANNIN SUITE 4000**  
**CITY-ST-ZIP** **HOUSTON TX 77002**

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

**TITLE** **VPAS** ☐ Delete  
**NAME** **SNYDER, BRUCE E**  
**STREET ADDRESS** **4419 GREYSTONE WAY**  
**CITY-ST-ZIP** **SUGAR LAND TX 77479**

**TITLE** **VPCA** ☒ Change ☐ Addition  
**NAME** **SNYDER, BRUCE E**  
**STREET ADDRESS** **1001 FANNIN, SUITE 4000**  
**CITY-ST-ZIP** **HOUSTON, TX 77002**

**TITLE** **VPT** ☐ Delete  
**NAME** **JONES, RONALD**  
**STREET ADDRESS** **11 MISTY GROVE CIRCLE**  
**CITY-ST-ZIP** **THE WOODLANDS TX 77380**

**TITLE** **VPT** ☒ Change ☐ Addition  
**NAME** **JONES, RONALD**  
**STREET ADDRESS** **1001 FANNIN, SUITE 4000**  
**CITY-ST-ZIP** **HOUSTON, TX 77002**

**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:**

*Frances Sewell* **FRANCES SEWELL**

**2/4/02**

**713-394-2327**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)