

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P39805

(7)

1. Corporation Name

WM PAPER RECYCLING, INC.

Principal Place of Business

C/O WASTE MANAGEMENT INC
3003 BUTTERFIELD RD
OAK BROOK IL 60521
US

Mailing Address

C/O WASTE MANAGEMENT INC
3003 BUTTERFIELD RD
OAK BROOK IL 60521-4107
US



2. Principal Place of Business

21 3003 Butterfield Road

Suite, Apt. #, etc.

22

City & State

23 Oak Brook, IL

Zip

24 60521

Country

25 DuPage

2a. Mailing Address

26 3003 Butterfield Road

Suite, Apt. #, etc.

27

City & State

28 Oak Brook, IL

Zip

29 60521

Country

30 DuPage

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

04/09/1996

4. FEI Number

36-3691272

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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
DVT
CHAPPEL, DONALD R
STREET ADDRESS
3003 BUTTERFIELD ROAD
CITY-ST-ZIP
OAK BROOK IL

☐ DELETE

TITLE

NAME
DS
O'BRIEN, T. MICHAEL
STREET ADDRESS
3003 BUTTERFIELD ROAD
CITY-ST-ZIP
OAK BROOK IL

☐ DELETE

TITLE

NAME
DP
ROONEY, PHILLIP B
STREET ADDRESS
3003 BUTTERFIELD ROAD
CITY-ST-ZIP
OAK BROOK IL

☒ DELETE

TITLE

NAME
AS
BIER, BARBARA L
STREET ADDRESS
3003 BUTTERFIELD ROAD
CITY-ST-ZIP
OAK BROOK IL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do 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

Jeffrey C. Everett

1-17-96

CR2E034 (9/96)