

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P34497 (8)

1. Corporation Name
LIDLAW ENVIRONMENTAL SERVICES (FS), INC.



Principal Place of Business: **220 OUTLET POINTE BLVD. C/O ELAINE MCBRIDE JENKINS HOUSTON TX 77043**
Mailing Address: **220 OUTLET POINTE BLVD. C/O PAM KEEFE COLUMBIA SC 29210 US**

3. Date Incorporated or Qualified: **06/27/1991**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **51-0268319**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New 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
85 Zip Code
FL

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 the date.

(NOTE: Registered Agent Signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President and Director
NAME	STILWELL, WILLIAM E., JR.	1.2 NAME	Kenneth W. Winger
STREET ADDRESS	220 OUTLET POINTE BLVD.	1.3 STREET ADDRESS	220 Outlet Pointe Blvd.
CITY-ST-ZIP	COLUMBIA SC	1.4 CITY-ST-ZIP	Columbia, SC 29210
TITLE	V	2.1 TITLE	XXXXXXXXXXXX VP
NAME	ATHEY, JAMES W.	2.2 NAME	Michael A. Faucett
STREET ADDRESS	1123 LUMPKIN ROAD	2.3 STREET ADDRESS	220 Outlet Pointe Blvd.
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	Columbia, SC 29210
TITLE	V	3.1 TITLE	
NAME	DIEROLF, FREDERICK L.	3.2 NAME	
STREET ADDRESS	1123 LUMPKIN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	Secretary
NAME	TAYLOR, HENRY H.	4.2 NAME	Henry H. Taylor
STREET ADDRESS	220 OUTLET POINTE BLVD.	4.3 STREET ADDRESS	220 Outlet Pointe Blvd.
CITY-ST-ZIP	COLUMBIA SC	4.4 CITY-ST-ZIP	Columbia, SC 29210
TITLE	TAS	5.1 TITLE	Assistant Treasurer
NAME	RIDINGS, WILLIAM D.	5.2 NAME	William D. Ridings
STREET ADDRESS	220 OUTLET POINTE BLVD.	5.3 STREET ADDRESS	220 Outlet Pointe Blvd.
CITY-ST-ZIP	COLUMBIA SC	5.4 CITY-ST-ZIP	Columbia, SC 29210
TITLE	V	6.1 TITLE	
NAME	SPRINKLE, DAVID M.	6.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 a signature stamp with an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

4-9-96

803
501-4279
Display Phone #

CR2E034 (12/95)