

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F97000002522

1. Entity Name
FLORIDA RECYCLING SERVICES OF DELAWARE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG -3 AM 10:54

Principal Place of Business
1099 MILLER DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
1099 MILLER DRIVE
ALTAMONTE SPRINGS, FL 32701 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1122 International Blvd.,
Suite, Apt. #, etc.
Suite 601

City & State
Burlington, Ontario

Zip Country
L7L 6Z8 Canada



07122004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0735186

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIHLEN & SILLS, P.A.
1173 S. SPRING CENTER SOUTH BLVD.
STE. C
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 800040245868
08/17/04--01043--005--\$70.00

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WARD, FRANK M SR 2401 SO LAFLIN CHICAGO, IL 60608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WARD, GEORGE 2401 SO LAFLIN CHICAGO, IL 60608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARD, FRANK JR 2401 SO LAFLIN CHICAGO, IL 60608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charles A. Wilcox 1122 International Blvd., Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Cairns, Ivan R. 1122 International Blvd., Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Rubin, Ronald L. 1122 International Blvd., Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Goebel, Brian A. 1122 International Blvd., Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Muter, Kirk 1122 International Blvd., Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Regional Controller May, Kevin 1122 International Blvd., Suite 601 Burlington, Ontario	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ivan R. Cairns Vice President and Secretary 07/13/04 905-319-6048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #