

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099250

FILED  
May 01, 2008  
Secretary of State

Entity Name: DELTA DADE RECYCLING CORP.

**Current Principal Place of Business:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

**New Principal Place of Business:**

**Current Mailing Address:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

**New Mailing Address:**

FEI Number: 65-1048925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES      (X) Delete  
Name: MCNULTY, PATRICK PRES  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

Title: T/D      ( ) Delete  
Name: BURNETT, MICHAEL S TREAS&D  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

Title: SEC      ( ) Delete  
Name: WHITE, JO LYNN SEC  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

Title: VP      ( ) Delete  
Name: PARKER, DALE LEON VP  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

Title: AS      ( ) Delete  
Name: BADKE, JOHN T AS  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

Title: AS      (X) Delete  
Name: GECICH, CONNIE J AS  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS      (X) Change ( ) Addition  
Name: CONNIE, GECICH J AS  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL FICKEN

POA

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date