

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099250

FILED
Apr 08, 2010
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD
Name: LANG, III, EDWARD A
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: SEC
Name: SCHULER, EILEEN B
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: PD
Name: SLAGER, DONALD W
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: DIR
Name: SERIANNI, CHARLES F
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: VPAS
Name: BENTER, TIM M
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: VPAS
Name: RISSMAN, MICHAEL P
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

I hereby 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 all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

04/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date