

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000099250

**Entity Name:** DELTA DADE RECYCLING CORP.

**Current Principal Place of Business:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

**Current Mailing Address:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

**FEI Number: 65-1048925**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           GOEBEL, BRIAN A.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           PRESIDENT  
Name           CABBIL, NATHAN  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP  
Name           BENTER, TIM M.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, ASSISTANT SECRETARY  
Name           KORT, MYNDI M.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, TREASURER  
Name           LACY, MARSHA A.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, ASSISTANT SECRETARY  
Name           MIZRACHI, SABRINA  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, SECRETARY  
Name           SCHULER, EILEEN B.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, ASSISTANT SECRETARY  
Name           SWEET, ANDREW J.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

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*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: EILEEN B. SCHULER**

**VICE PRESIDENT,  
SECRETARY**

**04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, ASSISTANT SECRETARY  
Name WILHOIT, ADRIENNE W.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP, TAX  
Name FOCAZIO, LAWRENCE  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054