

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23474

Entity Name: ENVIROCYCLE, INC.

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: 65-0243954

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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, EXECUTIVE VICE
PRESIDENT
Name BOUCHER, ROBERT
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR, TREASURER
Name LANG, EDWARD A. III
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name SERIANNI, CHARLES F.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title PRESIDENT
Name PERKO, JACK
Address 3351 HIGHWAY 51
City-State-Zip: FORT MILL SC 29715

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

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

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

Title VP
Name KING, ANDREW
Address 8619 WESTERN WAY
City-State-Zip: JACKSONVILLE FL 32256

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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

SECRETARY

04/03/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title VP
Name OLSON, JAMES H
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

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

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

Title VP, ASSISTANT SECRETARY
Name RISSMAN, MICHAEL P.
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

Title ASSISTANT SECRETARY
Name GRAHAM, MARK
Address 3351 HIGHWAY 51
City-State-Zip: FORT MILL SC 29715