# DOCUMENT# F9700000931

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### Entity Name: COMPACTOR RENTAL SYSTEMS OF DELAWARE, 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: 65-0723614

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

C T CORPORATION SYSTEM 1200 SOUTH 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

#### **Officer/Director Detail :**

Office/Dire			
Title	DIRECTOR	Title	PRESIDENT
Name	CARLSEN, ELYSE M.	Name	ARAMBULA, JULIA
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title	VP	Title	VP
Name	WILHOIT, ADRIENNE W.	Name	NICKERSON, JOHN B.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title	VP	Title	VP
Title Name	VP RICHARDSON, LARSON	Title Name	VP NIE, CHRISTOPHER
Name	RICHARDSON, LARSON	Name	NIE, CHRISTOPHER
Name Address	RICHARDSON, LARSON 18500 NORTH ALLIED WAY	Name Address	NIE, CHRISTOPHER 832 LANGSDALE AVE.
Name Address City-State-Zip:	RICHARDSON, LARSON 18500 NORTH ALLIED WAY PHOENIX AZ 85054	Name Address City-State-Zip:	NIE, CHRISTOPHER 832 LANGSDALE AVE. INDIANAPOLIS IN 46202
Name Address City-State-Zip: Title	RICHARDSON, LARSON 18500 NORTH ALLIED WAY PHOENIX AZ 85054 VP	Name Address City-State-Zip: Title	NIE, CHRISTOPHER 832 LANGSDALE AVE. INDIANAPOLIS IN 46202 VP, TAX
Name Address City-State-Zip: Title Name	RICHARDSON, LARSON 18500 NORTH ALLIED WAY PHOENIX AZ 85054 VP KASARJIAN, ASHLEY	Name Address City-State-Zip: Title Name	NIE, CHRISTOPHER 832 LANGSDALE AVE. INDIANAPOLIS IN 46202 VP, TAX FOCAZIO, LAWRENCE D. 18500 NORTH ALLIED WAY

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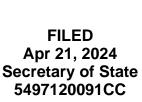
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: LAUREN MCKEON

SECRETARY

04/21/2024

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

edistered Agent

Date

#### **Officer/Director Detail Continued :**

Title	SECRETARY
Name	MCKEON, LAUREN
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054
Title	ASSISTANT SECRETARY
Name	NICKERSON, JOHN B.
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054
Title	TREASURER
TILLE	TREASORER
Name	BOYD, CALVIN R.
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054

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