

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000931

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**Certificate of Status Desired:** No**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_____
Date**Officer/Director Detail :**

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

Title PRESIDENT
Name BOYER, ROBERT B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

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

Title VP
Name STUART, TIMOTHY E.
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
Name GOODSSELL, BRENT
Address 832 LANGSDALE AVE.
City-State-Zip: INDIANAPOLIS IN 46202

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

Title VP
Name WILHOIT, ADRIENNE W.
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**SECRETARY****04/19/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title ASSISTANT SECRETARY
Name ULREICH-POWER, THOMAS
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title TREASURER
Name BOYD, CALVIN R.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

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

Title ASSISTANT SECRETARY
Name NICKERSON, JOHN
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054