

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006806

Entity Name: SHRED-IT USA INC.

FILED
Apr 08, 2004
Secretary of State

Current Principal Place of Business:

2794 S SHERIDIAN WAY
OAKVILLE ONTARIO CANADA, 66J 7T4

New Principal Place of Business:

2794 S SHERIDIAN WAY
OAKVILLE ONTARIO CANADA, ON L6J 7T4 CA

Current Mailing Address:

2794 S SHERIDIAN WAY
OAKVILLE ONTARIO CANADA, 66J 7T4

New Mailing Address:

2794 S SHERIDIAN WAY
OAKVILLE ONTARIO CANADA, ON L6J 7T4 CA

FEI Number: 98-0157899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: DPST () Delete
Name: BROPHY, GREGORY C
Address: 2794 SOUTH SHERIDAN WAY
City-St-Zip: OAKVILLE, ONT., CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: BROPHY, GREGORY C
Address: 2794 SOUTH SHERIDAN WAY
City-St-Zip: OAKVILLE, ONT., CANADA, ON L6J 7T4 CA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGORY C BROPHY

MR

04/08/2004

Electronic Signature of Signing Officer or Director

Date