

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90026 039 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000006806

1. Entity Name
SHRED-IT USA INC.



Principal Place of Business
**2794 S SHERIDIAN WAY
OAKVILLE ONTARIO, L6J 7-T4 CA**

Mailing Address
**2794 S SHERIDIAN WAY
OAKVILLE ONTARIO CANADA, ON L6J 7-T4 CA**

2. Principal Place of Business - No P.O. Box #
115 WEST LAKE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

City & State

GLENDALE HEIGHTS, IL

City & State

Zip

60139

Country

US

Zip

Country

01162008

Chg-P

CR2E034 (12/06)

4. FEI Number
98-0157899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
BROPHY, GREGORY C
2794 SOUTH SHERIDAN WAY
OAKVILLE, ONT., CANADA, ON L6J 7T4** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
ANDERSON, BARBARA
2794 SOUTH SHERIDAN WAY
OAKVILLE, ONTARIO, CA 16j 714** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR, PRESIDENT
BROPHY, TRACEY
2794 SOUTH SHERIDAN WAY
OAKVILLE, ON L6J 7T4 CANADA** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR VICE PRESIDENT
ROBINSON, SUSAN
2794 SOUTH SHERIDAN WAY
OAKVILLE, ON L6J 7T4 CA** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Robinson

01/18/08

905 4412250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #