



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90531 021 ***150.00

DOCUMENT # F01000000083 1. Entity Name RECALL SECURE DESTRUCTION SERVICES, INC.					
Principal Place of Business 555 NORTH POINT CENTER EAST THIRD FLOOR ALPHARETTA, GA 30022			Mailing Address 555 NORTH POINT CENTER EAST THIRD FLOOR ALPHARETTA, GA 30022		
2. Principal Place of Business 180 Technology Pkwy.		3. Mailing Address 180 Technology Pkwy.			
Suite, Apt. #, etc. Room 600		Suite, Apt. #, etc. Room 600			
City & State Norcross, GA		City & State Norcross, GA			
Zip 30092		Country USA		4. FEI Number 36-4410289	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMIDT, MELISSA L 555 NORTH POINT CENTER EAST, 3RD FLOOR ALPHARETTA, GA 30002 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 180 Technology Pkwy., Rm. 600 Norcross, GA 30092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUJILLO, ALFREDO 555 NORTH POINT CENTER EAST, #150 ALPHARETTA, GA 30022 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 180 Technology Pkwy. Norcross, GA 30092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUSKIN, T. DOUGLAS 555 NORTH POINT CENTER EAST, 3RD FL ALPHARETTA, GA 30022 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 180 Technology Pkwy, Rm. 600 Norcross, GA 30092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABBU, AJIT 555 NORTH POINT CENTER EAST, STE. 150 ALPHARETTA, GA 30002 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 180 Technology Pkwy. Norcross, GA 30092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLEAVENGER, ROBIN 555 NORTH POINT CENTER EAST, 3RD FL ALPHARETTA, GA 30002 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 180 Technology Pkwy., Rm. 600 Norcross, GA 30092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOWLEY, KELLY 1100 PEACHTREE ST., SUITE 2800 ATLANTA, GA 30309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Kelly A. Howley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Kelly A. Howley <u>4-20-04</u> <u>404-815-6328</u> <small>Date Daytime Phone #</small>		