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

2004 FOR PROFIT	CORPORATION
ANNUAL	REPORT

DOCUMENT # F01000000083						04-26-2004 90531 021 ***150.00						
Entity Name RECALL SECURE DESTRUCTION SERVICES, INC.												
Principal Place of Business Mailing Address												
•			55 NORTH POINT CEN	ENTER EAST			•					
THIRD FLOOR THIRD FLOOR												
ALPHARETTA, GA 30022 ALPHARETTA, GA 30022			22				3181 11811 68116 88111 8 811		••••••••••••••••••••••	88 1 li 1 88 1		
2. Principal Place of Business 3. Mailing Address			Mailing Address									
180 Technology Pkwy.			180 Technology Pkwy.				BIRI Man Bani beni beni	1 83111 66111 69	AN CONTRACTOR NO.	301 11 (##I		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04132004	Chg-P	CR2EC	34 (10/03)		
Room 600			Room 600 City & State				4. FEI Number			IAnı	plied For	
City & State Norcross, GA			Norcross, GA				36-4410				Applicable	
Zip	Country	Ž	Zip Country				5. Certificate of Status Desired \$8.75 Additional					
30092	USA		30092 t							Fee Required	l	
	6. Name and Address of C	Current Regist	ered Agent		7. Name and Address of New Registered Agent							
	ORATION SYSTEM				Name							
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	OFFICE	RS AND DIREC	TORS	11.			ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
TITLE	VD		☐ Delete	TITL	1					XX Change	☐ Addition	
NAME				NAM	[180	180 Technology Pkwy., Rm. 600					
STREET ADDRESS CITY-ST-ZIP	.				EET ADDRESS '- ST-ZIP	Norcross, GA 30092						
TITLE	PD		☐ Delete	TITL	E					XX Change	Addition	
NAME					(E	DRESS 180 Technology Pkwy.						
STREET ADDRESS CITY-ST-ZIP	555 NORTH POINT CENT		150		EET ADDRESS (-ST-ZIP	Norcross, GA 30092						
TITLE	7.5. (1) (1.5. (1.7			TITL		1101		11 30072		XX Change	Addition	
NAME	DUSKIN, T. DOUGLAS		Delete	NAM	l l							
STREET ADDRESS				STRI	EET ADDRESS			ogy Pkwy,	Rm. 6	500	İ	
CITY-ST-ZIP	ALPHARETTA, GA 3002	2		CITY	(-ST-ZIP	Nor	cross, G	A 30092				
TITLE	D		☐ Delete	TITL						XX Change	Addition	
NAME				NAM	ME Eet address	180	Techno1	ogy Pkwy.			ļ	
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP		cross, G				ì	
TITLE	AS	<u>-</u>	☐ Delete	TITL						XX Change	☐ Addition	
NAME					Æ							
STREET ADDRESS				STR	EET ADDRESS			ogy Pkwy.	, Rm.	600		
CITY-ST-ZIP	CITY-ST-ZIP ALPHARETTA, GA 30002			r-ST-ZiP	Nor	cross, G	A 30092					
TITLE	AS		☐ Delete	TITL						Change	☐ Addition	
NAME	HOWLEY, KELLY	NUTE OOO		NAN								
STREET ADDRESS CITY-ST-ZIP	1100 PEACHTREE ST., S ATLANTA, GA 30309	OTTE 2800			eet address (-st-zip							
12. Hereby certify that the information supplied with this filling does not qualify for the execution of the control of supplied with this filling does not qualify for the execution of the control of supplied with this filling does not qualify for the execution of the control of supplied with this filling does not qualify for the execution of the control of the co						ed in Se	ction 119.07(3)(i), Florida Statutes.	I further ce	rtify that the in	nformation	
indicated	on this report or augustomental	roport in true		nou nione	tura aball b	nun tha	nama lagal affaat	on if made under	aath, that I		or director	

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.

Kelly A. Howley 4-20-04 404-815-6328

SIGNATURE:

SIGNATURE DO TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #