

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90084 029 ***150.00

DOCUMENT # F01000000083

1. Entity Name
RECALL SECURE DESTRUCTION SERVICES, INC.



Principal Place of Business
**180 TECHNOLOGY PKWY.
ROOM 600
NORCROSS, GA 30092 US**

Mailing Address
**180 TECHNOLOGY PKWY.
ROOM 600
NORCROSS, GA 30092 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112005 Chg-P CR2E034 (10/03)

4. FEI Number
36-4410289

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **SCHMIDT, MELISSA L**
STREET ADDRESS **180 TECHNOLOGY PKWY., RM. 600**
CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE **PD** ☐ Delete
NAME **TRUJILLO, ALFREDO**
STREET ADDRESS **180 TECHNOLOGY PKWY., RM. 600**
CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE **VD** ☒ Delete
NAME **DUSKIN, T. DOUGLAS**
STREET ADDRESS **180 TECHNOLOGY PKWY., RM. 600**
CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE **D** ☐ Delete
NAME **HABBU, AJIT**
STREET ADDRESS **180 TECHNOLOGY PKWY.**
CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE **AS** ☒ Delete
NAME **CLEAVENGER, ROBIN**
STREET ADDRESS **180 TECHNOLOGY PKWY., RM. 600**
CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE **AS** ☐ Delete
NAME **HOWLEY, KELLY**
STREET ADDRESS **1100 PEACHTREE ST., SUITE 2800**
CITY-ST-ZIP **ATLANTA, GA 30309**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **V/D/S/T** ☐ Change ☒ Addition
NAME **George D. Nelson, III**
STREET ADDRESS **180 Technology Pkwy., Rm. 600**
CITY-ST-ZIP **Norcross, GA 30092**

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

TITLE **AS** ☐ Change ☒ Addition
NAME **Jason Mordler**
STREET ADDRESS **180 Technology Pkwy., Room 600**
CITY-ST-ZIP **Norcross, GA 30092**

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

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:

Kelly A. Howley

Kelly A. Howley

4-12-2005

(404) 815-6328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #