

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000083

FILED
Jan 27, 2012
Secretary of State

Entity Name: RECALL SECURE DESTRUCTION SERVICES, INC.

Current Principal Place of Business:

180 TECHNOLOGY PARKWAY
ROOM 600
NORCROSS, GA 30092 US

New Principal Place of Business:

Current Mailing Address:

180 TECHNOLOGY PARKWAY
ROOM 600
NORCROSS, GA 30092 US

New Mailing Address:

FEI Number: 36-4410289

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

OFFICERS AND DIRECTORS:

Title: DV
Name: SCHMIDT, MELISSA L
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092

Title: D
Name: POTTS, ELTON
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092

Title: DVST
Name: CLAWSON, ANDREW
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092

Title: D
Name: ADEN, ALLISON
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092

Title: AS
Name: HANLEY, KERRIE K
Address: 4208 SIX FORKS ROAD, SUITE 1400
City-St-Zip: RALEIGH, NC 27609

Title: P
Name: WESLEY, MARK
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092

I hereby 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 all other like empowered.

SIGNATURE: KERRIE K. HANLEY

AS

01/27/2012

Electronic Signature of Signing Officer or Director

_____ Date