

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90091 017 ***150.00

DOCUMENT # F01000000083

1. Entity Name

RECALL SECURE DESTRUCTION SERVICES, INC. ✓



DO NOT WRITE IN THIS SPACE

90077084

2. Principal Place of Business

555 North Point Center East

Suite, Apt. #, etc.

Third Floor

City & State

Alpharetta, GA

3. Mailing Address

555 North Point Center East

Suite, Apt. #, etc.

Third Floor

City & State

Alpharetta, GA

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4410289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State.

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
PD
Alfredo Trujillo
555 North Point Center East, #150
Alpharetta, GA 30022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Ajit Habbu
555 North Point Center East, #150
Alpharetta, GA 30022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Melissa L. Schmidt
555 North Point Center East, 3rd Fl
Alpharetta, GA 30022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
T. Douglas Duskin
555 North Point Center East, 3rd Fl
Alpharetta, GA 30022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
Robin Cleavenger
555 North Point Center East, 3rd Fl
Alpharetta, GA 30022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
Kelly Howley
1100 Peachtree St., Suite 2800
Atlanta, GA 30309

TITLE
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly Howley

Date

Daytime Phone #

CR2E034B (12/02)