

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # F94000003187

**1. Entity Name
WASTEQUIP MANUFACTURING COMPANY**



**Principal Place of Business
SUITE 140
25800 SCIENCE PARK DRIVE
BEACHWOOD, OH 44122**

**Mailing Address
SUITE 140
25800 SCIENCE PARK DRIVE
BEACHWOOD, OH 44122**

DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3191624

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
COBD
WALTON, CHARLES W
25800 SCIENCE PARK DRIVE, SUITE 140
BEACHWOOD, OH 44122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
RASMUSSEN, ROBERT C
25800 SCIENCE PARK DRIVE, SUITE 140
BEACHWOOD, OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
GARCIA, RICHARD L
25800 SCIENCE PARK DRIVE, SUITE 140
BEACHWOOD, OH 44122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WHITFORD, NEIL J
800 SUPERIOR AVENUE, SUITE 1800
CLEVELAND, OH 44114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
FARINACCI, PAIGE
25800 SCIENCE PARK DRIVE, SUITE 140
BEACHWOOD, OH 44122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000298017
04/11/05-80043-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05 216-292-2554
Date Daytime Phone #