FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800002107 1. Corporation Name

ILLINOIS RECYCLING SERVICES, INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90142 015 ***150.00



Principal Place	of Business	Mailing Address						
2401 S. LAFLIN S CHICAGO IL 6060		2401 S. LAFLIN ST. CHICAGO IL 60608		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					04/14/1998			
2 Oringinal Pla	ca of Rusiness	2a. Mailing Address		4. FEI Number				
2. Principal Place of Business		26		36-3587447		Not Applicable		
Suite, Apt#, etc.			Suite, Apt. #, etc		5. Certificate of Status Desired	\$ 8.<u>7</u>.5 _Ad Fee Req		
22		27			CF 00 P			
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Added to Fees			
23		28		Trust Fund Contribution		1000		
Zip	Country		Country	untry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24	25 29 30		30		10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ent Registered Agent	81	Name	70. 11			
Value	W CIDNEY I III				in 0. D. Ali unbarrio Not Accontable)			
VIRLE	in, sidney l III Spring centre south blv	D STE C	82 Street Addre		ress (P.O. Box Number is Not Acceptable)			
1173	MONTE SPRINGS FL 32714	0., 0.2. 0	83	<u> </u>				
ALIA	MONTE OF THREE TE SET !!				· · · · · · · · · · · · · · · · · · ·	85 Zip C	ode	
			84	1 -	Fl	_ ` `		
	I of Sections 607 05	502 and 607 1508 Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	f changing its	registered	
office or re	o the provisions of Sections corise gistered agent, or both, in the Stat in familiar with, and accept the obliq	e of Florida. Such change was au	thorized by	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	AITEILEIR GO IOS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
agent. I ar	n familiar with, and accept the obli	gallons of, Section 607.0000, Flor	ida etatare	-				
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Age	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	CSTP DELETE		1.1 TITLE				_	
NAME	WARD, FRANK SR.		1.2 NAME				1	
STREET ADDRESS	2401 S. LAFLIN ST.			ET ADDRESS				
CITY-ST-ZIP	CHICAGO IL 00000		1.4 CITY-1	ST-ZIP		Change	☐ Addition	
TITLE	UV		2.1 TITLE					
NAME	WARD, GEORGE		2.2 NAME	Ì			_ \	
STREET ADDRESS	2401 S. LAFLIN ST.			ET ADDRESS				
CITY-ST-ZIP	CHICAGO IL 00000		2.4 CITY- 3.1 TITLE			☐ Change	Addition	
TITLE	U		3.2 NAME					
NAME	YARU, FRANK JR.			ET ADDRESS			ļ	
STREET ADDRESS	2401 S. LAPLIN ST.		3.4. CITY-		<u>.</u>			
CITY-ST-ZIP	CHICAGO IL 60608	☐ DELETE	4.1 TITLE			☐ Change	Addition }	
TITLE	D Ward, Gertrude		4. 2 NAM	E				
NAME	**** A 1 ACLUS OT		4.3 STRE	ET ADDRESS				
STREET ADDRESS	2401 S. EAFEN ST. CHICAGO IL 60608 4440		4.4 CITY-	-ST-ZIP		Charac	Addition	
CITY-ST-ZIP	AS	☐ DELETE	5.1 TITLE	I		Change		
NAME VIHLEN, SIDNEY L III		5.2 NAME						
STREET ADDRESS 1173 SPRING CENTRE SOUTH BLVD., STE. C		5.3 STREET ADDRESS		•				
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		5.4 CiTY			Change	☐ Addition		
TITLE	L) DELETE 6.		6.1 TITLE			CT Aumido		
NAME		•	6.2 NAM	I .				
STREET ADDRESS		111	1	EET ADDRESS			ļ	
CITY-ST-ZIP	1	a ////	64 CITY	-ST-ZIP	2 - 110 07/2)(i) Florida Statutes I further	ertify that the	information	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address with all other like empowered.

SIGNATURE: