

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90022 001 ***150.00

DOCUMENT # F98000003367

1. Corporation Name

WASTE REDUCTION BY WASTE REDUCTION, INC.



Principal Place of Business

212 PINWOODS AVENUE
TROY NY 12180-7244

Mailing Address

212 PINWOODS AVENUE
TROY NY 12180-7244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

14-1761805

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 5711 W. Minnesota St.

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Indianapolis IN

Zip

24 46241

Country

25 USA

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILSON, JOE
STREET ADDRESS 212 PINWOODS AVENUE
CITY-ST-ZIP TROY NY 12180-7244

☐ DELETE

1.1 TITLE PD
1.2 NAME Wilson, Joe
1.3 STREET ADDRESS 5711 W. Minnesota St.
1.4 CITY-ST-ZIP Indianapolis, IN 46241

☒ Change

☐ Addition

TITLE SD
NAME LOVENHEIM, DAVID A
STREET ADDRESS 212 PINWOODS AVENUE
CITY-ST-ZIP TROY NY 12180-7244

☐ DELETE

2.1 TITLE SD
2.2 NAME Lovenheim, David A
2.3 STREET ADDRESS 5711 W. Minnesota St.
2.4 CITY-ST-ZIP Indianapolis IN 46241

☒ Change

☐ Addition

TITLE C
NAME KAYE, GORDON I PHD
STREET ADDRESS 212 PINWOODS AVENUE
CITY-ST-ZIP TROY NY 12180-7244

☐ DELETE

3.1 TITLE C
3.2 NAME Kaye, Gordon I PhD
3.3 STREET ADDRESS Same as above
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE VC
NAME WEBER, PETER PHD
STREET ADDRESS 212 PINWOODS AVENUE
CITY-ST-ZIP TROY NY 12180-7244

☐ DELETE

4.1 TITLE VC
4.2 NAME Weber, Peter PhD
4.3 STREET ADDRESS Same as above
4.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

05-46573