

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Merriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G57157 (1)

1. Corporation Name

REUTER RECYCLING OF FLORIDA, INC.



Principal Place of Business

20701 PEMBROKE ROAD
PEMBROKE PINES FL 33029
US

Mailing Address

P O BOX 821238
SOUTH FLORIDA FL 33082-1238
US

2. Principal Place of Business

2a. Mailing Address

21 3003 Butterfield Road

26 3003 Butterfield Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 Oak Brook IL

28 Oak Brook IL

24 60521 25 USA

29 60521 30 USA

9. Name and Address of Current Registered Agent

PENDLETON, DAVE
20701 PEMBROKE RD
PEMBROKE PINES FL 33029

3. Date Incorporated or Qualified 08/29/1983

3a. Date of Last Report 02/21/1995

4. FEI Number 59-2376090

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.1503, 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 typewritten or printed name of registered agent and the corporation)

(Print Name of Registered Agent's full corporate name and title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSDT	☒ DELETE
NAME	TAYLOR, JAMES W	
STREET ADDRESS	410 11TH AVENUE S	
CITY-STATE-ZIP	HOPKINS MN	
TITLE	D	☒ DELETE
NAME	STREIT, MATTHEW G	
STREET ADDRESS	11261 SW 144TH AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	☒ DELETE
NAME	PENDLETON, DAVE	
STREET ADDRESS	20701 PEMBROKE RD	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VP/D	☒ Change ☒ Addition
2. NAME	James E. O'Connor	
3. STREET ADDRESS	3003 Butterfield Road	
4. CITY-STATE-ZIP	Oak Brook, IL 60521	
1. TITLE	VP/D	☐ Change ☒ Addition
2. NAME	Stephen D. Ferguson	
3. STREET ADDRESS	3003 Butterfield Road	
4. CITY-STATE-ZIP	Oak Brook, IL 60521	
1. TITLE	AS	☐ Change ☒ Addition
2. NAME	Barbara L. Bier	
3. STREET ADDRESS	3003 Butterfield Road	
4. CITY-STATE-ZIP	Oak Brook, IL 60521	
1. TITLE		☐ Change ☐ Addition
2. NAME	2000017862??	
3. STREET ADDRESS	-04/18/96--01110--034	
4. CITY-STATE-ZIP	***200.00	
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Barbara L. Bier Barbara L. Bier, Assistant Secretary 4/3/96 (708) 572-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE FILED

CR2E034 (12/95)