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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25995 (2)

1. Corporation Name
NORTH STAR RECYCLING COMPANY

Principal Place of Business

15407 MCGINTY ROAD, W
P.O. BOX 9300 - TAX DEPT #26
WAYZATA MN 55391
US

Mailing Address

P.O. BOX 5626
P.O. BOX 9300 - TAX DEPT #26
MINNEAPOLIS MN 55440-9300
US



2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

09/08/1989

3a. Date of Last Report

04/12/1996

4. FEI Number

38-2146127

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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 or typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARVEY, ROBERT A	
STREET ADDRESS	15407 MCGINTY RD.W.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARNETT, BRUCE H.	
STREET ADDRESS	15407 MCGINTY ROAD	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, JEANNE Y	
STREET ADDRESS	15615 MCGINTY RD.W.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CARLSON, ANNE E	
STREET ADDRESS	15615 MCGINTY ROAD	
CITY-ST-ZIP	WAYZATA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAKSE, ROBERT A	
STREET ADDRESS	15407 MCGINTY RD.W.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONASEN, JAMES C	
STREET ADDRESS	15407 MCGINTY RD W	
CITY-ST-ZIP	WAYZATA MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRUCHOSKI, ROBERT A.	
1.3 STREET ADDRESS	6000 CLEARWATER DRIVE	
1.4 CITY-ST-ZIP	MINNETONKA MN 55343	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROGERS, DAVID W.	
5.3 STREET ADDRESS	6000 CLEARWATER DRIVE	
5.4 CITY-ST-ZIP	MINNETONKA MN 55343	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PARKER, JEFFERY A.	
6.3 STREET ADDRESS	6000 CLEARWATER DRIVE	
6.4 CITY-ST-ZIP	MINNETONKA MN 55343	

14. I do 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.

SIGNATURE: *Bruce H. Barnett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE H. BARNETT

4-23-97

612-742-6406

Date Daytime Phone #

CR2E034 (9/96)