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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25995 (2)
1. Corporation Name
NORTH STAR RECYCLING COMPANY



Principal Place of Business 15407 MCGINTY ROAD, W P.O. BOX 8300 - TAX DEPT #26 WAYZATA MN 55391 US	Mailing Address P.O. BOX 5626 P.O. BOX 8300 - TAX DEPT #26 MINNEAPOLIS MN 55440-5626 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/08/1989	
21		26		4. FEI Number 38-2146127	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT / DIRECTOR
NAME	KRUCHOSKI, ROBERT A	1.2 NAME	JAMES T. TOMPSON
STREET ADDRESS	6000 CLEARWATER DR	1.3 STREET ADDRESS	15407 MCGINTY RD
CITY-ST-ZIP	MINNETONKA MN	1.4 CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	VP	2.1 TITLE	
NAME	BARNETT, BRUCE H.	2.2 NAME	
STREET ADDRESS	15407 MCGINTY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SMITH, JEANNE Y	3.2 NAME	
STREET ADDRESS	15815 MCGINTY RD.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	CARLSON, ANNE E	4.2 NAME	
STREET ADDRESS	15815 MCGINTY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	DIRECTOR
NAME	ROGERS, DAVID W	5.2 NAME	ROBERT A. JAKSE
STREET ADDRESS	6000 CLEARWATER DR	5.3 STREET ADDRESS	15407 MCGINTY RD.
CITY-ST-ZIP	MINNETONKA MN	5.4 CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	VP	6.1 TITLE	VICE PRESIDENT / DIRECTOR
NAME	PARKER, JEFFREY A	6.2 NAME	JAMES C. JONASEN
STREET ADDRESS	6000 CLEARWATER DR	6.3 STREET ADDRESS	15407 MCGINTY RD
CITY-ST-ZIP	MINNETONKA MN	6.4 CITY-ST-ZIP	WAYZATA, MN 55391

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.

SIGNATURE: M. Barnett 4/16/98 11:27:12 AM

CR2E034 (10/97)