

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 05, 1999 8:00 am  
Secretary of State

05-05-1999 90169 022 \*\*\*150.00

DOCUMENT # P25995

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 55440-5626  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1989

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

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, 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  
NAME TOMPSON, JAMES T  
STREET ADDRESS 15407 MCGINTY RD  
CITY-ST-ZIP WAYZATA MN 55391 ☐ DELETE

TITLE VP  
NAME BARNETT, BRUCE H.  
STREET ADDRESS 15407 MCGINTY ROAD  
CITY-ST-ZIP MINNETONKA MN ☒ DELETE

TITLE S  
NAME SMITH, JEANNE Y  
STREET ADDRESS 15615 MCGINTY RD.W.  
CITY-ST-ZIP MINNETONKA MN ☐ DELETE

TITLE AS  
NAME CARLSON, ANNE E  
STREET ADDRESS 15615 MCGINTY ROAD  
CITY-ST-ZIP WAYZATA MN ☐ DELETE

TITLE D  
NAME JAKSE, ROBERT A  
STREET ADDRESS 15407 MCGINTY RD  
CITY-ST-ZIP WAYZATA MN 55391 ☐ DELETE

TITLE VPD  
NAME JONASEN, JAMES C  
STREET ADDRESS 15407 MCGINTY RD  
CITY-ST-ZIP WAYZATA MN 55391 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Patrice H. Halbach 4/29/99 612-742-6406

CR2E034 (11/98)