

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P25995**

1. Entity Name

NORTH STAR RECYCLING COMPANY**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90322 025 ***150.00

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **38-2146127**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOMPSON, JAMES T	
STREET ADDRESS	15407 MCGINTY RD	
CITY - ST - ZIP	WAYZATA MN 55391	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALBACH, PATRICE H	
STREET ADDRESS	15407 MCGINTY ROAD	
CITY - ST - ZIP	MINNETONKA MN 55391	
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	
CITY - ST - ZIP	WAYZATA MN 55391	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LUNDEEN, LILLIAN I	
STREET ADDRESS	15407 MCGINTY ROAD	
CITY - ST - ZIP	WAYZATA MN 55391	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian I. Lundeen*

Lillian I. Lundeen, Ass't. Secretary 04-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

952-742-6419

CR2E034 (10/00)