

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P34646 (0)

1. Corporation Name

MOBIL PLASTICS RECYCLING CORP.



Principal Place of Business

3225 GALLOWES ROAD
FAIRFAX VA 22037
US

Mailing Address

1201 ELM STREET
ATTN: TAX ADMINISTRATION DEPARTMENT
DALLAS TX 75270
US

3. Date Incorporated or Qualified
07/12/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 26 3225 GALLOWES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 STATE TAX DEPT.

23 Zip

Country

28 FAIRFAX VA

Zip

Country

24 25 29 30 22037

4. FEI Number

75-1838299

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 ☐ DELETE

NAME CAVANNA, A.J.
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA

TITLE AS ☒ DELETE

NAME OLSON, C.T.
STREET ADDRESS 1201 ELM ST
CITY-ST-ZIP DALLAS TX

TITLE S ☐ DELETE

NAME STEVENSON, P. A.
STREET ADDRESS 3255 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA

TITLE T ☐ DELETE

NAME RUFF, C.D.
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA

TITLE AT ☐ DELETE

NAME CAVALIERE, A. L.
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA

TITLE AT ☐ DELETE

NAME FITZGERALD, V. R.
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☒ Addition

22 NAME AS
23 STREET ADDRESS GARNEY, G. G.
24 CITY-ST-ZIP 3225 GALLOWES ROAD
FAIRFAX VA 22037

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-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 in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. G. GARNEY ASSISTANT SECRETARY

Date

Daytime Phone #

4/18/96 (703) 846-3900

CR2E034 (12/95)