

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
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
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DOCUMENT # P34646 (0)

1. Corporation Name

MOBIL PLASTICS RECYCLING CORPORATION

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

07/12/1991

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 3225 GALLOWS ROAD

2a. Mailing Address

26 3225 GALLOWS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

STATE TAX DEPARTMENT

City & State

City & State

23 FAIRFAX, VA

28 FAIRFAX, VA

Zip

Country

Zip

Country

24 22037

25

29 22037

30

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.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE, FL 32301

01 Name

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

03 400002175874

04 City

05 05/13/97 01003 037

\*\*\*165.00

06 FL 07 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	P/D SKOLNIK, M. A.
STREET ADDRESS		13 STREET ADDRESS	3225 GALLOWS ROAD
CITY-ST-ZIP		14 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	T RUFF, C. D.
STREET ADDRESS		23 STREET ADDRESS	3225 GALLOWS ROAD
CITY-ST-ZIP		24 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	S STEVENSON, P. A.
STREET ADDRESS		33 STREET ADDRESS	3225 GALLOWS ROAD
CITY-ST-ZIP		34 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	AT SARNOWSKI, J. A.
STREET ADDRESS		43 STREET ADDRESS	3225 GALLOWS ROAD
CITY-ST-ZIP		44 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	AC OLSON, C. T.
STREET ADDRESS		53 STREET ADDRESS	3225 GALLOWS ROAD
CITY-ST-ZIP		54 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	AC LOPEZ, S. A.
STREET ADDRESS		63 STREET ADDRESS	3225 GALLOWS ROAD
CITY-ST-ZIP		64 CITY-ST-ZIP	FAIRFAX, VA 22037

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 amendment with an address.

SIGNATURE: S. A. Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Controller

4/23/97  
Date

(703) 846-1438  
Daytime Phone #

CR2E034 (9/96)