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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V35048 (0)
1. Corporation Name
AUTOMOTIVE INDUSTRIAL RECYCLERS HOLDING COMPANY



Principal Place of Business
ATTN: BARBARA L. BIER
3003 BUTTERFIELD RD.
OAK BROOK IL 60521
US

Mailing Address
ATTN: BARBARA L. BIER
3003 BUTTERFIELD RD.
OAK BROOK IL 60521-1107
US

3. Date Incorporated or Qualified
05/06/1992

3a. Date of Last Report
04/09/1996

2. Principal Place of Business
21 3003 Butterfield Road
Suite, Apt. #, etc.

2a. Mailing Address
26 3003 Butterfield Road
Suite, Apt. #, etc.

4. FEI Number
59-3121042

Applied For
Not Applicable

22 City & State
23 Oak Brook, IL

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

24 Zip 60521
25 Country DuPage

27 City & State
28 Oak Brook, IL

29 Zip 60521
30 Country DuPage

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

CT CORPORATION SYSTEM
1200 S. PINE ISL RD.
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME O'CONNOR, JAMES
STREET ADDRESS 3003 BUTTERFIELD RD
CITY-ST-ZIP OAK BROOK IL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME FERGUSON, STEVEN D.
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME ARNOLD, MICHAEL A
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME FERGUSON, STEVEN D.
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS
NAME BIER, BARBARA L.
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 recorder or vice 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

Jeffrey C. Everett

1-16-97

CR2E034 (9/96)