

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25995 (2)
1. Corporation Name
NORTH STAR RECYCLING COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**15407 MCGINTY ROAD, W P.O. BOX 5626
P.O. BOX 9300 - TAX DEPT #26 P.O. BOX 9300 - TAX DEPT #26
WAYZATA MN 55391 MINNEAPOLIS MN 55440-5626
US US**

3. Date Incorporated or Qualified **09/08/1989** 3a. Date of Last Report **04/27/1994**
4. FEI Number **38-2146127** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30
24 25 29 30

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | PD |
| NAME | GARVEY, ROBERT A |
| STREET ADDRESS | 15407 MCGINTY RD.W. |
| CITY - ST - ZIP | MINNETONKA MN |
| TITLE | VP |
| NAME | BARNETT, BRUCE H. |
| STREET ADDRESS | 15407 MCGINTY ROAD |
| CITY - ST - ZIP | MINNETONKA MN |
| TITLE | S |
| NAME | KURSCHNER, M. A. |
| STREET ADDRESS | 15615 MCGINTY RD.W. |
| CITY - ST - ZIP | MINNETONKA MN |
| TITLE | DV |
| NAME | ANDERSON, HARVEY L. |
| STREET ADDRESS | 15407 MCGINTY RD.W. |
| CITY - ST - ZIP | MINNETONKA MN |
| TITLE | D |
| NAME | JAKSE, ROBERT A |
| STREET ADDRESS | 15407 MCGINTY RD.W. |
| CITY - ST - ZIP | MINNETONKA MN |
| TITLE | VD |
| NAME | BERNER, WAYNE R |
| STREET ADDRESS | 1380 CORP CENTER CURVE |
| CITY - ST - ZIP | EAGAN MN |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Anne E. Carlson |
| 4.3 STREET ADDRESS | 15615 McGinty Rd. |
| 4.4 CITY - ST - ZIP | Wayzata, MN 55391 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bruce H. Barnett* 4/17/95 (612)742-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bruce H. Barnett DATE

09/14/94

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NORTH STAR RECYCLING COMPANY
PO BOX 5626 MS 26
MINNEAPOLIS, MINNESOTA 55440-5626

DIRECTORS

BERNER, WAYNE R
1380 CORPORATE CENTER DR.
EAGAN, MN 55121

GARVEY, ROBERT A
15407 MCGINTY ROAD
WAYZATA, MN 55391

JAKSE, ROBERT A
15615 MCGINTY ROAD
WAYZATA, MN 55391

MITCHELL, GERALD M
15615 MCGINTY ROAD
WAYZATA, MN 55391

STAUFFER, RICHARD A
15407 MCGINTY ROAD
WAYZATA, MN 55391

OFFICERS

BARNETT, BRUCE H
15407 MCGINTY ROAD
WAYZATA, MN 55391

VICE PRESIDENT

BERNER, WAYNE R
1380 CORPORATE CENTER DR.
EAGAN, MN 55121

V.P./ GENERAL MANAGER

CARLSON, ANNE E
15615 MCGINTY ROAD
WAYZATA, MN 55391

ASSISTANT SECRETARY

FORREST, TERRY W
1380 CORPORATE CENTER CUR
EAGAN, MN 55121

TREASURER & CONTROLLER

09/14/94

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GARVEY, ROBERT A
15407 MCGINTY ROAD
WAYZATA, MN 55391

PRESIDENT

KURSCHNER, M. A
15615 MCGINTY ROAD
WAYZATA, MN 55391

SECRETARY

VEAZEY, WILLIAM W
15615 MCGINTY ROAD
WAYZATA, MN 55391

ASSISTANT TREASURER