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**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

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



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 55440-9300 US

3. Date Incorporated or Qualified: 09/08/1989
3a. Date of Last Report: 04/12/1996
4. FEI Number: 38-2146127
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

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State: 28 Zip: 29 Country: 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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: GARVEY, ROBERT A STREET ADDRESS: 15407 MCGINTY RD.W. CITY-ST-ZIP: MINNETONKA MN	<input type="checkbox"/> DELETE
TITLE: VP NAME: BARNETT, BRUCE H. STREET ADDRESS: 15407 MCGINTY ROAD CITY-ST-ZIP: MINNETONKA MN	<input type="checkbox"/> DELETE
TITLE: S NAME: SMITH, JEANNE Y STREET ADDRESS: 15615 MCGINTY RD.W. CITY-ST-ZIP: MINNETONKA MN	<input type="checkbox"/> DELETE
TITLE: AS NAME: CARLSON, ANNE E STREET ADDRESS: 15615 MCGINTY ROAD CITY-ST-ZIP: WAYZATA MN	<input type="checkbox"/> DELETE
TITLE: D NAME: JAKSE, ROBERT A STREET ADDRESS: 15407 MCGINTY RD.W. CITY-ST-ZIP: MINNETONKA MN	<input type="checkbox"/> DELETE
TITLE: VD NAME: JONASEN, JAMES C STREET ADDRESS: 15407 MCGINTY RD W CITY-ST-ZIP: WAYZATA MN	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD 1.2 NAME: KRUCHOSKI, ROBERT A. 1.3 STREET ADDRESS: 6000 CLEARWATER DRIVE 1.4 CITY-ST-ZIP: MINNETONKA MN 55343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: DC 5.2 NAME: ROGERS, DAVID W. 5.3 STREET ADDRESS: 6000 CLEARWATER DRIVE 5.4 CITY-ST-ZIP: MINNETONKA MN 55343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: VP 6.2 NAME: PARKER, JEFFERY A. 6.3 STREET ADDRESS: 6000 CLEARWATER DRIVE 6.4 CITY-ST-ZIP: MINNETONKA MN 55343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address.

SIGNATURE: *Bruce H. Barnett* BRUCE H. BARNETT 4-23-97 612-742-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)