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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25995 (2)

1. Corporation Name
NORTH STAR RECYCLING COMPANY



Principal Place of Business 15407 MCGINTY ROAD, W P.O. BOX 8300 - TAX DEPT #26 WAYZATA MN 55391 US	Mailing Address P.O. BOX 5626 P.O. BOX 8300 - TAX DEPT #26 MINNEAPOLIS MN 55440-5626 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/08/1989

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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
24 Country	29 Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT / DIRECTOR
NAME	KRUCHOSKI, ROBERT A	1.2 NAME	JAMES T. TOMPSON
STREET ADDRESS	6000 CLEARWATER DR	1.3 STREET ADDRESS	15407 MCGINTY RD
CITY-ST-ZIP	MINNETONKA MN	1.4 CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	VP	2.1 TITLE	
NAME	BARNETT, BRUCE H.	2.2 NAME	
STREET ADDRESS	15407 MCGINTY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SMITH, JEANNE Y	3.2 NAME	
STREET ADDRESS	15815 MCGINTY RD.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	CARLSON, ANNE E	4.2 NAME	
STREET ADDRESS	15815 MCGINTY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	DIRECTOR
NAME	ROGERS, DAVID W	5.2 NAME	ROBERT A. JAKSE
STREET ADDRESS	6000 CLEARWATER DR	5.3 STREET ADDRESS	15407 MCGINTY RD.
CITY-ST-ZIP	MINNETONKA MN	5.4 CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	VP	6.1 TITLE	VICE PRESIDENT / DIRECTOR
NAME	PARKER, JEFFREY A	6.2 NAME	JAMES C. JONASEN
STREET ADDRESS	6000 CLEARWATER DR	6.3 STREET ADDRESS	15407 MCGINTY RD
CITY-ST-ZIP	MINNETONKA MN	6.4 CITY-ST-ZIP	WAYZATA, MN 55391

14. I 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: *[Handwritten Signature]*

CR2E034 (10/97)