

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90169 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P25995

1. Corporation Name
NORTH STAR RECYCLING COMPANY



DO NOT WRITE IN THIS SPACE

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 55440-5626
 US

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 the current year Intangible Personal Property Tax. Yes No

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

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 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
 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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOMPSON, JAMES T	
STREET ADDRESS	15407 MCGINTY RD	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BARNETT, BRUCE H.	
STREET ADDRESS	15407 MCGINTY ROAD	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, JEANNE Y	
STREET ADDRESS	15615 MCGINTY RD.W.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CARLSON, ANNE E	
STREET ADDRESS	15615 MCGINTY ROAD	
CITY-ST-ZIP	WAYZATA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAKSE, ROBERT A	
STREET ADDRESS	15407 MCGINTY RD	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JONASEN, JAMES C	
STREET ADDRESS	15407 MCGINTY RD	
CITY-ST-ZIP	WAYZATA MN 55391	

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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patrice H. Halbach	
2.3 STREET ADDRESS	15407 MCGINTY Rd.	
2.4 CITY-ST-ZIP	Wayzata, MN 55391	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE *Patrice H. Halbach* **PATRICE H. HALBACH** 4/29/99 612-742-6406
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)