

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90534 013 ***150.00

0660237 AT

DOCUMENT # P25995



1. Entity 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 55440-5626
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2146127**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOMPSON, JAMES T	
STREET ADDRESS	15407 MCGINTY RD	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALBACH, PATRICE H	
STREET ADDRESS	15407 MCGINTY ROAD	
CITY-ST-ZIP	MINNETONKA MN 55391	
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	AS	<input type="checkbox"/> Delete
NAME	LUNDEEN, LILLIAN I	
STREET ADDRESS	15407 MCGINTY ROAD	
CITY-ST-ZIP	WAYZATA MN 55391	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEASE SEE ATTACHED LIST	
STREET ADDRESS	OF ALL OFFICERS AND DIRECTORS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *JR Clemens* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. CLEMENS, APRIL 22, 2003 -952-742-

Date

Daytime Phone #

6419

CR2E034 (10/02)

ATTACHMENT

10088038

P25995

NORTH STAR RECYCLING COMPANY

OFFICERS AND DIRECTORS
APRIL 22, 2003

THE BUSINESS ADDRESS FOR ALL OFFICERS
AND DIRECTORS IS: 15407 MC GINTY RD
WAYZATA, MN 55391

Ronald L. Christenson
Terry W. Forrest
Robert A. Jakse
Jon M. Ruth
James T. Thompson

Title
Director
Director
Director
Director
Director

OFFICERS

Jon M. Ruth
Terry W. Forrest

Title
President
Vice President, Treasurer &
Controller

Patrice H. Halbach
Jeanne Y. Smith
Anne E. Carlson
James R. Clemens
Lillian I. Lundeen
William W. Veazey

Vice President
Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary
Assistant Treasurer