

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F98000005371**

1. Corporation Name  
**STERICYCLE, INC.**

Principal Place of Business  
**1419 LAKE COOK ROAD, SUITE 410  
DEERFIELD IL 60015**

Mailing Address  
**1419 LAKE COOK ROAD, SUITE 410  
DEERFIELD IL 60015**

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90030 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/24/1998**

4. FEI Number

**36-3640402**

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PCEO  
MILLER, MARK C**  
STREET ADDRESS **1419 LAKE COOK ROAD, SUITE 410**  
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☐ DELETE

NAME **CFO  
TEN BRINK, FRANK J**  
STREET ADDRESS **1419 LAKE COOK ROAD, SUITE 410**  
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☐ DELETE

NAME **V  
LEE, LINDA L**  
STREET ADDRESS **1419 LAKE COOK ROAD, SUITE 410**  
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☐ DELETE

NAME **V  
TOMASELLO, ANTHONY J**  
STREET ADDRESS **1419 LAKE COOK ROAD, SUITE 410**  
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☒ DELETE

NAME **V  
BERNERT, MICHAEL J**  
STREET ADDRESS **1419 LAKE COOK ROAD, SUITE 410**  
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☐ DELETE

NAME **D  
GRAHAM, PATRICK F**  
STREET ADDRESS **13878 PARK CENTER ROAD, SUITE 490**  
CITY-ST-ZIP **HERNDON VA 20171**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **28161 N. Keith Drive**  
1.4 CITY-ST-ZIP **Lake Forest, IL 60045**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **28161 N. Keith Drive**  
2.4 CITY-ST-ZIP **Lake Forest IL 60045**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **28161 N. Keith Drive**  
3.4 CITY-ST-ZIP **Lake Forest IL 60045**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS **28161 N. Keith Drive**  
4.4 CITY-ST-ZIP **Lake Forest IL 60045**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME  
5.3 STREET ADDRESS **Chief Operating Officer**  
5.4 CITY-ST-ZIP **Kogler, Richard T.  
28161 N. Keith Drive**

6.1 TITLE ☐ Change ☐ 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:

**Mark C. Miller**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/99**

Date

**847/367-5910**

Daytime Phone #

CR2E034 (1/98)