

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000006003

**Entity Name:** US ECOLOGY TAMPA, INC.

**Current Principal Place of Business:**

101 S. CAPITOL BLVD  
SUITE 1000  
BOISE, ID 83702

**FILED**  
**Mar 22, 2019**  
**Secretary of State**  
**7553004043CC**

**Current Mailing Address:**

101 S. CAPITOL BLVD  
SUITE 1000  
BOISE, ID 83702 US

**FEI Number:** 20-0414157

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name LOCKE, DON  
Address 101 S. CAPITOL BLVD  
SUITE 1000  
City-State-Zip: BOISE ID 83702

Title SECRETARY  
Name IPSEN, WAYNE R.  
Address 101 S. CAPITOL BLVD  
SUITE 1000  
City-State-Zip: BOISE ID 83702

Title TREASURER  
Name GERRATT, ERIC L.  
Address 101 S. CAPITOL BLVD  
SUITE 1000  
City-State-Zip: BOISE ID 83702

Title VP  
Name GERRATT, ERIC L.  
Address 101 S. CAPITOL BLVD  
SUITE 1000  
City-State-Zip: BOISE ID 83702

Title VP  
Name BELL, SIMON G.  
Address 101 S. CAPITOL BLVD  
SUITE 1000  
City-State-Zip: BOISE ID 83702

Title PRESIDENT  
Name FEELER, JEFFREY R.  
Address 101 S. CAPITOL BLVD  
SUITE 1000  
City-State-Zip: BOISE ID 83702

Title DIRECTOR  
Name GERRATT, ERIC L.  
Address 101 S. CAPITOL BLVD  
SUITE 1000  
City-State-Zip: BOISE ID 83702

Title DIRECTOR  
Name BELL, SIMON G.  
Address 101 S. CAPITOL BLVD  
SUITE 1000  
City-State-Zip: BOISE ID 83702

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WAYNE R. IPSEN

**SECRETARY**

**03/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FEELER, JEFFREY R.  
Address        101 S. CAPITOL BLVD  
                 SUITE 1000  
City-State-Zip: BOISE ID 83702