

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002474

Entity Name: US ECOLOGY LIVONIA, INC.

**Current Principal Place of Business:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

**Current Mailing Address:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

FEI Number: 20-5676570

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            PRESIDENT  
Name            ARAMBULA, JULIA  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            VP  
Name            NICKERSON, JOHN B.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            VP  
Name            KASARJIAN, ASHLEY  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            VP  
Name            WILHOIT, ADRIENNE W.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            VP  
Name            KANG, RICHARD D.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            VP  
Name            LAWRENCE , FOCAZIO D.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            SECRETARY  
Name            LAUREN , MCKEON  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            ASSISTANT SECRETARY  
Name            JOHN, NICKERSON B.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

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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: LAUREN , MCKEON

SECRETARY

04/22/2024

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name KASARJIAN, ASHLEY  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title TREASURER  
Name BOYD, CALVIN R.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP  
Name MACALUSO, JAMES M.  
Address 6 SHIRE DRIVE  
City-State-Zip: NORFOLK MA 02056

Title ASSISTANT SECRETARY  
Name WILHOIT, ADRIENNE W.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP  
Name BINDER, SCOTT  
Address 17440 COLLEGE PARKWAY  
SUITE 300  
City-State-Zip: LIVONIA MI 48152

Title VP  
Name SCHEERER, VINCE  
Address 10613 W SAM HOUSTON PARKWAY  
NORTH  
SUITE 300  
City-State-Zip: HOUSTON TX 77064