

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002474

Entity Name: US ECOLOGY LIVONIA, INC.**Current Principal Place of Business:**17440 COLLEGE PARKWAY
SUITE 300
LIVONIA, MI 48152**Current Mailing Address:**17440 COLLEGE PARKWAY
SUITE 300
LIVONIA, MI 48152 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 VP
Name SCHODOWSKI, SCOTT
Address 17440 COLLEGE PARKWAY
SUITE 300
City-State-Zip: LIVONIA MI 48152

Title SECRETARY
Name IPSEN, WAYNE R.
Address 17440 COLLEGE PARKWAY
SUITE 300
City-State-Zip: LIVONIA MI 48152

Title VP
Name GERRATT, ERIC L.
Address 17440 COLLEGE PARKWAY
SUITE 300
City-State-Zip: LIVONIA MI 48152

Title PRESIDENT
Name FEELER, JEFFREY R.
Address 17440 COLLEGE PARKWAY
SUITE 300
City-State-Zip: LIVONIA MI 48152

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

Title TREASURER
Name GERRATT, ERIC L.
Address 17440 COLLEGE PARKWAY
SUITE 300
City-State-Zip: LIVONIA MI 48152

Title VP
Name BELL, SIMON G.
Address 17440 COLLEGE PARKWAY
SUITE 300
City-State-Zip: LIVONIA MI 48152

Title DIRECTOR
Name GERRATT, ERIC L.
Address 17440 COLLEGE PARKWAY
SUITE 300
City-State-Zip: LIVONIA MI 48152

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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****05/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FEELER, JEFFREY R.
Address 17440 COLLEGE PARKWAY
 SUITE 300
City-State-Zip: LIVONIA MI 48152

Title DIRECTOR
Name BELL, SIMON G.
Address 17440 COLLEGE PARKWAY
 SUITE 300
City-State-Zip: LIVONIA MI 48152