

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005371

**Entity Name:** STERICYCLE, INC.**Current Principal Place of Business:**2355 WAUKEGAN RD  
BANNOCKBURN, IL 60015**Current Mailing Address:**2355 WAUKEGAN RD  
BANNOCKBURN, IL 60015 US**FEI Number:** 36-3640402**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 CFO  
Name ZELENKA, JANET  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title EXECUTIVE VICE PRESIDENT  
Name ZELENKA, JANET  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title CEO  
Name MILLER, CINDY J  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title PRESIDENT  
Name MILLER, CINDY J  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title DIRECTOR  
Name HOOLEY, STEPHEN C  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title DIRECTOR  
Name HACKNEY, JR., J. JOEL  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title DIRECTOR  
Name MILLER, CINDY J.  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title DIRECTOR  
Name PRIESTLY, KAY  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

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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:** JANET ZELENKA**CFO****06/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAGEN, VERONICA  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title DIRECTOR  
Name CHEN, THOMAS F  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title DIRECTOR  
Name BLEIL, LYNN  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title DIRECTOR  
Name MURLEY, ROBERT S  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title DIRECTOR  
Name ANDERSON, BRIAN P  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015

Title DIRECTOR  
Name ZAFIROVSKI, MIKE  
Address 2355 WAUKEGAN RD  
City-State-Zip: BANNOCKBURN IL 60015