

F14000005112

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

14 DEC -3 AM 11:21
TALLAHASSEE, FLORIDA

RECEIVED
14 DEC -3 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Stericycle Environmental Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

12/4/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: STERICYCLE ENVIRONMENTAL SOLUTIONS, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TODD GRAY
Name of Person

STERICYCLE INC
Firm/Company

28161 N. KEITH DR.
Address

LAKE FOREST, IL 60045
City/State and Zip code

TGray@stericycle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD GRAY at (847) 607-2047
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. STERICYCLE ENVIRONMENTAL SOLUTIONS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/30/2012 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 28161 N. Keith Drive, Lake Forest, IL 60045
(Principal office address)

same
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: [Signature]
(Registered agent's signature)

Connie Bryan
Registered Agent

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TALLAHASSEE, FLORIDA

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Charles A. Ahnto

Address: 28161 N. Keith Drive

Lake Forest, IL 60045

Vice President: Richard T. Kogler

Address: 28161 N. Keith Drive

Lake Forest, IL 60045

Secretary: Daniel V. Ginnetti

Address: 28161 N. Keith Drive, Lake Forest, IL 60045

Treasurer: Daniel V. Ginnetti

Address: 28161 N. Keith Drive, Lake Forest, IL 60045

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. DANIEL V. GINETTI - VICE PRES.

(Typed or printed name and capacity of person signing application)

14 DEC -3 11:21
STATE OF ILLINOIS
DEPARTMENT OF STATE

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Michael J. Collins
Officer/Director: Officer
Officer's Title: Vice President
Director's Title:
Business Address: 28161 N. Keith Drive
City: Lake Forest
State: IL
ZIP Code: 60045
- 2 Full Name: Kelly Ipjian
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address: 28161 N. Keith Drive
City: Lake Forest
State: IL
ZIP Code: 60045
- 3 Full Name: Charles A. Alutto
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 28161 N. Keith Drive
City: Lake Forest
State: IL
ZIP Code: 60045
- 4 Full Name: Richard T. Kogler
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 28161 N. Keith Drive
City: Lake Forest
State: IL
ZIP Code: 60045
- 5 Full Name: Michael J. Collins

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	28161 N. Keith Drive
City:	Lake Forest
State:	IL
ZIP Code:	60045
6 Full Name:	Daniel V. Ginnetti
Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	28161 N. Keith Drive
City:	Lake Forest
State:	IL
ZIP Code:	60045

14 DEC -9 11:21
PALM BEACH COUNTY
FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STERICYCLE ENVIRONMENTAL SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4545483 8300

141461636

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1903674

DATE: 11-26-14