

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90030 022 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000005371**

1. Corporation Name  
**STERICYCLE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1419 LAKE COOK ROAD, SUITE 410  
 DEERFIELD IL 60015**

Mailing Address  
**1419 LAKE COOK ROAD, SUITE 410  
 DEERFIELD IL 60015**

3. Date Incorporated or Qualified  
**09/24/1998**

4. FEI Number  
**36-3640402**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 28161 N. Keith Drive**

Suite, Apt. #, etc.  
**22**

City & State  
**23 Lake Forest IL**

Zip  
**24 60045**

Country  
**25**

2a. Mailing Address  
**26 28161 N. Keith Drive**

Suite, Apt. #, etc.  
**27**

City & State  
**28 Lake Forest IL**

Zip  
**29 60045**

Country  
**30**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARK C	1.2 NAME	
STREET ADDRESS	1419 LAKE COOK ROAD, SUITE 410	1.3 STREET ADDRESS	28161 N. Keith Drive
CITY-ST-ZIP	DEERFIELD IL 60015	1.4 CITY-ST-ZIP	Lake Forest, IL 60045
TITLE	CFO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEN BRINK, FRANK J	2.2 NAME	
STREET ADDRESS	1419 LAKE COOK ROAD, SUITE 410	2.3 STREET ADDRESS	28161 N. Keith Drive
CITY-ST-ZIP	DEERFIELD IL 60015	2.4 CITY-ST-ZIP	Lake Forest IL 60045
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, LINDA L	3.2 NAME	
STREET ADDRESS	1419 LAKE COOK ROAD, SUITE 410	3.3 STREET ADDRESS	28161 N. Keith Drive
CITY-ST-ZIP	DEERFIELD IL 60015	3.4 CITY-ST-ZIP	Lake Forest IL 60045
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASELLO, ANTHONY J	4.2 NAME	
STREET ADDRESS	1419 LAKE COOK ROAD, SUITE 410	4.3 STREET ADDRESS	28161 N. Keith Drive
CITY-ST-ZIP	DEERFIELD IL 60015	4.4 CITY-ST-ZIP	Lake Forest IL 60045
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNERT, MICHAEL J	5.2 NAME	Chief Operating Officer
STREET ADDRESS	1419 LAKE COOK ROAD, SUITE 410	5.3 STREET ADDRESS	Kogler, Richard T.
CITY-ST-ZIP	DEERFIELD IL 60015	5.4 CITY-ST-ZIP	28161 N. Keith Drive
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, PATRICK F	6.2 NAME	
STREET ADDRESS	13878 PARK CENTER ROAD, SUITE 490	6.3 STREET ADDRESS	Lake Forest IL 60045
CITY-ST-ZIP	HERNDON VA 20171	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark C. Miller DATE: 2/8/99 DAYTIME PHONE: 847/367-5910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)