


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90027 001 ***450.00


DOCUMENT # F98000005371

1. Entity Name
STERICYCLE, INC.



Principal Place of Business 28161 N. KEITH DRIVE LAKE FOREST, IL 60045 US	Mailing Address 28161 N. KEITH DRIVE LAKE FOREST, IL 60045 US
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3640402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

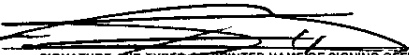
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MILLER, MARK C 28161 N. KEITH DRIVE LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TEN BRINK, FRANK J 28161 N. KEITH DRIVE LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOMASELLO, ANTHONY J 28161 N. KEITH DRIVE LAKE FOREST, FL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KOGLER, RICHARD T 28161 N. KEITH DRIVE LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, PATRICK F 13878 PARK CENTER ROAD, SUITE 490 HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Frank ten Brink**
 Vice President

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