


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90277 001 ***300.00

DOCUMENT # F98000005371

1. Entity Name
STERICYCLE, INC.



Principal Place of Business Mailing Address

28161 N. KEITH DRIVE **28161 N. KEITH DRIVE**
LAKE FOREST, IL 60045 US **LAKE FOREST, IL 60045 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02282005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

36-3640402 Not Applicable

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

66005819



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

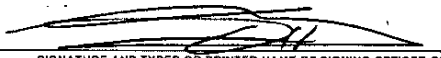
10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #