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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

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1510M OF CORPORATION

REGISTERED AGENT CHANGE

STERICYCLE, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 6. this statement of change is submitted for a corporation	
· -	on organized unites the turns of the state of red office or registered agent, or both, in the State
of Florida.	-
1. The name of the corporation: Stericycle, Inc.	
2. The principal office address: 28161 NORTH KEITH	INDIVE I AKE ENDEST II 60045
2. The principal office address: 20101 (OKATI ICATE	1012-17.33221-07.0001
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/24/1998	Document number: F98000005371
5. The name and street address of the current register Florida Department of State: CORPORATION SEI	
1201 HAYS	STREET
TALLAHASS	EE FL 32301
6. The name and street address of the new register changed):	red agent (if changed) and /or registered office (I
C T Corpora	cion System
c/o € T Compos	ration System
(P.O. Box or personal mas	
1200 South Pine Island Road	l, Plantation, Florida 33324
The street address of its registered office and the stragent, as changed will be identical.	
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change. Lauren Greco, Secretary
(Signature of an officer, thannan or vice chairman of the board)	(Printed of typed name and title)
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my duties, and I am familiar with a registered agent. Or, if this document is being filed office address, I hereby confirm that the corporation C T Corporation System	t and agree to act in this capacity, statutes relative to the proper and complete nd accept the obligation of my position as i merely to reflect a change in the registered n has been notified in writing of this change.
By:	
(Signature of Registered Agent)	(Dare)
If signing on behalf of an entity:	
James Halpin (Typed or Printed Name)	Vice President
***	(Capacity)
* * * FILING FE	CE: 535.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314