

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003091

1. Entity Name  
BFI MEDICAL WASTE, INC.

Principal Place of Business  
757 N. ELDRIDGE  
HOUSTON TX 77079

Mailing Address  
28161 NORTH KEITH DRIVE  
LAKE FOREST IL 60045

2. Principal Place of Business  
28161 N KEITH DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LAKE FOREST, IL

City & State

Zip  
60045

Country  
LAKE

Zip

Country

REINSTATEMENT

4. FEI Number 76-0608258

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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.

SIGNATURE *Kim Hughes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/19/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MILLER, MARK  
STREET ADDRESS 28161 N KEITH DRIVE  
CITY-ST-ZIP LAKE FOREST IL 60045 ☐ Delete

TITLE  
NAME 100004744201 ☐ Add  
STREET ADDRESS -12/31/01--01050--020  
CITY-ST-ZIP \*\*\*750.00 \*\*\*750.00

TITLE VP  
NAME KOGLER, RICHARD  
STREET ADDRESS 28161 N KEITH DRIVE  
CITY-ST-ZIP LAKE FOREST IL 60045 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME BRINK, FRANK T  
STREET ADDRESS 28161 N KEITH DRIVE  
CITY-ST-ZIP LAKE FOREST IL 60045 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/1/01

8476072176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone #

APPROVED AND FILED

01 DEC 21 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0130591 AT

CR2E034 (5/01)



ACCOUNT NO. : 072100000032

REFERENCE : 477910 4713593

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 19, 2001

ORDER TIME : 3:19 PM

ORDER NO. : 477910-010

CUSTOMER NO: 4713593

CUSTOMER: Ms. Diana Mrugala  
Stericycle, Inc.  
28161 N. Keith Drive

Lake Forest, IL 60045

REINSTATEMENT

NAME: BFI MEDICAL WASTE, INC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
01 DEC 21 PM 3:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA