

# F990000003091

Florida Department of State  
Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE**

**BFI MEDICAL WASTE, INC.**

Certificate of Status	0
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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, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
Delaware in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: BFI Medical Waste, Inc.
2. The principal office address: 28161 North Keith Drive, Lake Forest, IL 60045
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/16/1999 Document number: F99000003091
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Lauren Greco  
(Signature of an officer, chairman or vice chairman of the board)

Lauren Greco  
Secretary  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.*

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By: [Signature]  
(Signature of Registered Agent)

1/8/2004

(Date)

If signing on behalf of an entity:

James Halpin

(Typed or Printed Name)

Assistant Secretary

(Capacity)

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

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