

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-05-2004 90027 001 \*\*\*450.00

**DOCUMENT # F99000003091**

1. Entity Name  
BFI MEDICAL WASTE, INC.



Principal Place of Business  
28161 N. KEITH DRIVE  
LAKE FOREST, IL 60045

Mailing Address  
28161 NORTH KEITH DRIVE  
LAKE FOREST, IL 60045

**66404410**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
76-0608258

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	P
NAME	MILLER, MARK
STREET ADDRESS	28161 N KEITH DRIVE
CITY-ST-ZIP	LAKE FOREST, IL 60045
TITLE	VP
NAME	KOGLER, RICHARD
STREET ADDRESS	28161 N KEITH DRIVE
CITY-ST-ZIP	LAKE FOREST, IL 60045
TITLE	ST
NAME	BRINK, FRANK T
STREET ADDRESS	28161 N KEITH DRIVE
CITY-ST-ZIP	LAKE FOREST, IL 60045
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Frank ten Brink**  
**Vice President**

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_