

F99000005200

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: 3CI COMPLETE COMPLIANCE CORPORATION
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

200003005752--3
-10/05/99-01064-011
*****70.00 *****70.00

Curtis W Crane
(Name of Person)
3CI COMPLETE COMPLIANCE CORPORATION
(Firm/Company)
910 PIERRE MONTE Suite 312
(Address)
Shreveport Louisiana 71106
(City/State/Zip)

Name	CR 10-8
Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

Should you need to call someone concerning this matter, please call:

Curtis W Crane at (318) 869-0440 ext. 334
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
OCT -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. 3CI COMPLETE COMPLIANCE CORPORATION
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE 3. 76-0351992
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 26, 1991 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 910 PIERREMONT Suite 312
SHREVEPORT, LOUISIANA 71106
(Current mailing address)

8. Collection of Medical Waste
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT CORPORATION System

Office Address: 1700 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

FILED
99 OCT -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.



Steven C. Patterson
Special Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) (See Attached Addendum)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable) (SEE ATTACHED Addendum)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
OCT -5 PM 5:00
SECRETARY

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

(Typed or printed name and capacity of person signing application)

Section 12.

A. DIRECTORS:

Chairman of the Board: Jack W. Schuler
Address: 28161 N. Keith Dr.
Lake Forest, Illinois, 60045

Director: Mark C. Miller
Address: 28161 N. Keith Dr.
Lake Forest, Illinois, 60045

Director: Frank J.M. ten Brink
Address: 28161 N. Keith Dr.
Lake Forest, Illinois, 60045

Director: Anthony J. Tomasello
Address: 28161 N. Keith Dr.
Lake Forest, Illinois, 60045

Director: David J. Schoonmaker
Address: 2190 Rockcress Way
Golden, Colorado 80401

Director: Robert M. Waller
Address: 290 E. Deerpath Suite 290
Lake Forest, Illinois 60045

B. OFFICERS

President/Director: Charles D. Crochet
Address: 910 Pierremont, Suite 312
Shreveport, Louisiana 71106

Secretary: Curtis W. Crane
Address: 910 Pierremont, Suite 312
Shreveport, Louisiana 71106

FILED
OCT -5 PM 5:00
SECRETARY OF STATE
JANUARY 1976

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3CI COMPLETE COMPLIANCE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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A handwritten signature in cursive script, reading "Edward J. Freel", is written over a horizontal line.

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

9999160

09-29-99