


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 13 PM 12:25

DOCUMENT # M01000001702					
1. Entity Name TERIST LLC CLEAN HARBORS EL DORADO, LLC					
Principal Place of Business 309 AMERICAN CIRCLE EL DORADO, AR 71730			Mailing Address 309 AMERICAN CIRCLE EL DORADO, AR 71730		
2. Principal Place of Business - No P.O. Box # 42 LONGWATER DRIVE		3. Mailing Address 42 LONGWATER DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NORWELL, MA		City & State NORWELL, MA		4. FEI Number 94-3401916	
Zip 02061		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRIVEL, FREDERIC 309 AMERICAN CIRCLE EL DORADO, AR 71730	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER ERIC GERSTENBERG 42 LONGWATER DRIVE, NORWELL, MA 02061	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GERNATH, ERIC 309 AMERICAN CIRCLE EL DORADO, AR 71730	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER WILLIAM J. GEARY 42 LONGWATER DRIVE, NORWELL, MA 02061	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARDING, TONY 309 AMERICAN CIRCLE EL DORADO, AR 71730	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER STEPHEN MOYNIHAN 42 LONGWATER DRIVE, NORWELL, MA 02061	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOURSIER, JEAN-MARC 309 AMERICAN CIRCLE EL DORADO, AR 71730	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000109397590 09/13/07--01002--011 **80.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FF \$50	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			Manager		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 9/10/07 Daytime Phone # 781-792-5132		