

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90033 010 \*\*\*\*50.00

**DOCUMENT # M020Q0002713**

1. Entity Name

HERITAGE-CRYSTAL CLEAN, LLC



Principal Place of Business

5400 W. 8TH STREET  
INDIANAPOLIS IN 46268

Mailing Address

5400 W. 8TH STREET  
INDIANAPOLIS IN 46268



2. Principal Place of Business

5400 W. 86<sup>th</sup> STREET

Suite, Apt. #, etc.

3. Mailing Address

5400 W. 86<sup>th</sup> STREET

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Indianapolis, Indiana

City & State

Indianapolis, Indiana

4. FEI Number

35-2083150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

Zip

46268

Country

Marion

Zip

46268

Country

Marion

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME THE HERITAGE GROUP  
STREET ADDRESS 5400 W. 8TH STREET  
CITY-ST-ZIP INDIANAPOLIS IN 46268

TITLE MGRM ☐ Delete  
NAME 3571645 CANADA INC.  
STREET ADDRESS 101 UPPER BELLEVUE  
CITY-ST-ZIP WEST MOUNT QUEBEC CANADA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5400 W. 86<sup>th</sup> STREET  
CITY-ST-ZIP

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John P. Vermeuse - VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 17, 2006 317-872-6010  
Date Daytime Phone #