

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90193 046 ****50.00

DOCUMENT # M02000002713

1. Entity Name

HERITAGE-CRYSTAL CLEAN, LLC



Principal Place of Business

5400 W. 86TH STREET
INDIANAPOLIS IN 46268

Mailing Address

5400 W. 86TH STREET
INDIANAPOLIS IN 46268

2. Principal Place of Business - No P.O. Box #

2175 POINT BLVD
Suite, Apt. #, etc. SUITE 375

3. Mailing Address

2175 POINT BLVD
Suite, Apt. #, etc. SUITE 375

City & State

ELGIN IL

City & State

ELGIN, IL

Zip 60123

Country USA

Zip 60123

Country USA

4. FEI Number

35-2083150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	THE HERITAGE GROUP	
STREET ADDRESS	5400 W 86TH ST	
CITY - ST - ZIP	INDIANAPOLIS IN 46268	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	3571645 CANADA INC.	
STREET ADDRESS	101 UPPER BELLEVUE	
CITY - ST - ZIP	WEST MOUNT QUEBEC CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHERINE MCCORD	
STREET ADDRESS	2175 POINT BLVD SUITE 375	
CITY - ST - ZIP	ELGIN, IL 60123-9211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Catherine McCord*

CATHERINE A MCCORD

847-783-5949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Day 3/7/07

Daytime Phone #