

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90016 004 \*\*\*\*50.00

**DOCUMENT # M99000001047**

1. Entity Name

**PRISM SANITATION MANAGEMENT, LLC**



Principal Place of Business

**1326 WILLOW ROAD  
STURTEVANT WI 53177**

Mailing Address

**1326 WILLOW ROAD  
STURTEVANT WI 53177**

*see Attached Copy*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**Prism Sanitation Management, LLC  
Tax Department / Wisam Alramahi  
8310 16<sup>th</sup> Street MS455  
Sturtevant, WI 53177**



☒ CHECK HERE IF MAKING CHANGES

Number **65-0923846**

Applied For

Not Applicable

Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **S.C. JOHNSON COMMERCIAL MARKET, INC.**  
STREET ADDRESS **1326 WILLOW ROAD**  
CITY-ST-ZIP **STURTEVANT WI 53177**

TITLE **MEMBER** ☐ Change ☐ Addition  
NAME **Johnson Diversey Inc.**  
STREET ADDRESS **8310 16th st**  
CITY-ST-ZIP **Sturtevant WI 53177-0904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 exemption stated in Section 119.07(3)(i), 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 of the report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE: *JoAnne Brandes*  
TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E063 (10/02)