#### 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004144

Entity Name: STERICYCLE COMMUNICATION SOLUTIONS, INC.

FILED
Apr 19, 2019
Secretary of State
1194285226CC

# **Current Principal Place of Business:**

28161 N KEITH DR LAKE FOREST. IL 60045

## **Current Mailing Address:**

28161 N KEITH DR

LAKE FOREST. IL 60045 US

FEI Number: 04-3029814 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PRESIDENT	Title	DIRECTOR

NameALUTTO, CHARLES A.NameALUTTO, CHARLES A.Address28161 N KEITH DRAddress28161 N KEITH DRCity-State-Zip:LAKE FOREST IL 60045City-State-Zip:LAKE FOREST IL 60045

TitleDIRECTORTitleDIRECTORNameGINNETTI, DANIELNameMILLER, CINDY J.Address28161 N KEITH DRAddress28161 N KEITH DR

City-State-Zip: LAKE FOREST IL 60045 City-State-Zip: LAKE FOREST IL 60045

Title TREASURER Title SECRETARY

NameGINNETTI, DANIELNameGINNETTI, DANIELAddress28161 N KEITH DRAddress28161 N KEITH DR

City-State-Zip: LAKE FOREST IL 60045

Title VP Title ASST. SECRETARY
Name MILLER, CINDY J. Name KOUBA, TIMOTHY
Address 28161 N KEITH DR Address 28161 N KEITH DR
City-State-Zip: LAKE FOREST IL 60045

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY KOUBA ASSISTANT SECRETARY 04/19/2019

Electronic Signature of Signing Officer/Director Detail

Date