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Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90005 012 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P37444

1. Corporation Name
SAFETY-KLEEN (TG), INC.



| | |
|---------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 1301 GERVAIS ST SUITE 300 COLUMBIA SC 29201 US | C/O ANITA K D'AMATO 1301 GERVAIS ST. SUITE 300 COLUMBIA SC 29201 US |

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date Incorporated or Qualified | 02/10/1992 |
| 4. FEI Number | 57-0600257 |
| Applied For | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip Country | Zip Country |
| 24 25 | 29 30 |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|-------------------------------------------------------|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KENNETH W. WINGER | |
| STREET ADDRESS | 1301 GERVAIS ST, SUITE 300 | |
| CITY-ST-ZIP | COLUMBIA SC 29201 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SPRINKLE, DAVID M. | |
| STREET ADDRESS | 1301 GERVAIS ST, SUITE 300 | |
| CITY-ST-ZIP | COLUMBIA SC 29201 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, HENRY H | |
| STREET ADDRESS | 1301 GERVAIS ST, SUITE 300 | |
| CITY-ST-ZIP | COLUMBIA SC 29201 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | PAUL R. HUMPHREYS | |
| STREET ADDRESS | 1301 GERVAIS ST, SUITE 300 | |
| CITY-ST-ZIP | COLUMBIA SC 29201 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Henry H. Taylor, Sec'y

5-18-99 803 933-4279
 Date Daytime Phone #

CR2E034 (11/98)