

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 16 AM 10:55

**DOCUMENT # 823587**

**(1)**

1. Corporation Name

**SAFETY KLEEN CORP**

Principal Place of Business

1000 N RANDALL RD  
ELGIN IL 60123  
US

Mailing Address

1000 N RANDALL RD  
ELGIN IL 60123  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/08/1969

3a. Date of Last Report

04/18/1994

4. FBI Number

39-6090019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1000 N. RANDALL RD

2a. Mailing Address

26 1000 N. RANDALL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ELGIN, IL.

City & State

28 ELGIN, IL.

Zip

24 60123

Country

25 KANE

Zip

29 60123

Country

30 KANE

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |
|-----------------|-----------------------|
| TITLE           | D                     |
| NAME            | BRINCKMAN, DONALD W   |
| STREET ADDRESS  | 1000 N RANDALL RD     |
| CITY - ST - ZIP | ELGIN IL              |
| TITLE           | D                     |
| NAME            | BLOCK, KENNETH        |
| STREET ADDRESS  | 11 WOODLEY ROAD       |
| CITY - ST - ZIP | WINNETKA IL           |
| TITLE           | VPS                   |
| NAME            | WILLMSCHEN, ROBERT W. |
| STREET ADDRESS  | 810 ST STEPHENS GREEN |
| CITY - ST - ZIP | OAK BROOK IL          |
| TITLE           | T                     |
| NAME            | RUDNICK, LAURENCE M   |
| STREET ADDRESS  | 4020 N TERRA MERE AVE |
| CITY - ST - ZIP | ARLINGTON HTS IL      |
| TITLE           | D                     |
| NAME            | GWILLIM, RUSSELL A    |
| STREET ADDRESS  | 18 HARLESTON GREEN    |
| CITY - ST - ZIP | HILTON HEAD SC        |
| TITLE           | P                     |
| NAME            | JOHNSON, JOHN G       |
| STREET ADDRESS  | 1000 N RANDALL RD     |
| CITY - ST - ZIP | ELGIN IL              |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. P. FINANCE

3/6/95 (708) 697-8460