

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

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

3. Date Incorporated or Qualified **08/08/1969** 3a. Date of Last Report **03/16/1995**
4. FEI Number **39-6090019** Applied For Not Applicable
5. Capitalize of Stocks 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

81. Name
82. Street Address (P.O. Box Numbers Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 602.05(2) and 602.1508, 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 I accept the obligations of, Section 602.05(2), Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRINCKMAN, DONALD W	1. NAME	
STREET ADDRESS	1000 N RANDALL RD	2. NAME	
CITY, ST, ZIP	ELGIN IL	3. STREET ADDRESS	
TITLE	D	4. CITY, ST, ZIP	
NAME	BLOCK, KENNETH	5. NAME	
STREET ADDRESS	11 WOODLEY ROAD	6. NAME	
CITY, ST, ZIP	WINNETTA IL	7. STREET ADDRESS	
TITLE	VPS	8. CITY, ST, ZIP	
NAME	WILLMSCHEN, ROBERT W.	9. NAME	
STREET ADDRESS	810 ST STEPHENS GREEN	10. NAME	
CITY, ST, ZIP	OAK BROOK IL	11. STREET ADDRESS	
TITLE	T	12. CITY, ST, ZIP	
NAME	RUDNICK, LAURENCE M	13. NAME	
STREET ADDRESS	4020 N TERRA MERE AVE	14. NAME	
CITY, ST, ZIP	ARLINGTON HTS IL	15. STREET ADDRESS	
TITLE	D	16. CITY, ST, ZIP	
NAME	GWILLIM, RUSSELL A	17. NAME	
STREET ADDRESS	18 HARLESTON GREEN	18. NAME	
CITY, ST, ZIP	HILTON HEAD SC	19. STREET ADDRESS	
TITLE	P	20. CITY, ST, ZIP	
NAME	JOHNSON, JOHN G	21. NAME	
STREET ADDRESS	1000 N RANDALL RD	22. NAME	
CITY, ST, ZIP	ELGIN IL	23. STREET ADDRESS	
		24. CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption status in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this form is a report or supplemental annual report as per and as required by 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 of the corporation and that I am duly qualified to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from a former report with an X below.

SIGNATURE: *V. P. Finance*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V. P. FINANCE
4/12/96 847-6978400

CR2E034 (12/95)