

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 823587 (1)

1. Corporation Name
SAFETY KLEEN CORP



Principal Place of Business 1 BRINCKMAN WAY ELGIN IL 60123 US	Mailing Address 1 BRINCKMAN WAY ELGIN IL 60123 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE BRINCKMAN WAY Suite, Apt. #, etc. 22	2a. Mailing Address 26 ONE BRINCKMAN WAY Suite, Apt. #, etc. 27
City & State 23 ELGIN, IL Zip Country 24 60123 25 KANE	City & State 28 ELGIN, IL Zip Country 29 60123 30 KANE

3. Date Incorporated or Qualified 08/08/1969	4. FEI Number 39-6090019	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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
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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME BRINCKMAN, DONALD W	
STREET ADDRESS 1000 N RANDALL RD	
CITY-ST-ZIP ELGIN IL	
TITLE D	<input type="checkbox"/> DELETE
NAME BLOCK, KENNETH	
STREET ADDRESS 11 WOODLEY ROAD	
CITY-ST-ZIP WINNETRA IL	
TITLE VPS	<input checked="" type="checkbox"/> DELETE
NAME WILLMSCHEN, ROBERT W.	
STREET ADDRESS 810 ST STEPHENS GREEN	
CITY-ST-ZIP OAK BROOK IL	
TITLE T	<input type="checkbox"/> DELETE
NAME RUDNICK, LAURENCE M	
STREET ADDRESS 4020 N TERRA MERE AVE	
CITY-ST-ZIP ARLINGTON HTS IL	
TITLE D	<input type="checkbox"/> DELETE
NAME OWILLIM, RUSSELL A	
STREET ADDRESS 18 HARLESTON GREEN	
CITY-ST-ZIP HILTON HEAD SC	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME JOHNSON, JOHN G	
STREET ADDRESS 1000 N RANDALL RD	
CITY-ST-ZIP ELGIN IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	ONE BRINCKMAN WAY
1.4 CITY-ST-ZIP	ELGIN, IL 60123
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEC. SCOTT KILL
3.3 STREET ADDRESS	1803 BELTER COURT
3.4 CITY-ST-ZIP	GENEVA, IL 60134
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	375 TOWN PLACE CIRCLE
4.4 CITY-ST-ZIP	BUFFALO GROVE, IL 60089
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P. JOSEPH C BALKOWS
6.3 STREET ADDRESS	ONE BRINCKMAN WAY
6.4 CITY-ST-ZIP	ELGIN, IL 60123

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.

SIGNATURE: *Laurence M Rudnick* TRUSTEE 4/30/98

CR2E034 (10/97)