2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

06 JUL 17 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 823587

1. Entity Name
*SAFETY-KLEEN SYSTEMS, INC.

Principal Place of Business	Mailing Address
5400 LEGACY DRIVE CLUSTER II, BLDG. 3 PLANO, TX 75024 US	5400 LEGACY DRIVE CLUSTER II, BLDG. 3 PLANO, TX 75024 US

07072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 39-6090019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

500077757635
07/20/06--01010--020 **150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCEO NAME ~~BD~~ Frederick J. Flosjandic, Jr. STREET ADDRESS ~~SPRINKLE, DAVID M~~ CITY-ST-ZIP 5400 LEGACY DR., CLUSTER II, BLDG. 3 PLANO, TX 75024	☐ Delete	TITLE EVP - Director NAME David Michael Sprinkle STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg 3 CITY-ST-ZIP Plano, Tx 75024	☐ Change ☐ Addition
TITLE ~~AS~~ NAME WHATLEY DUFFIE, VIRGIL III STREET ADDRESS 5400 LEGACY DR., CLUSTER II, BLDG. 3 CITY-ST-ZIP PLANO, TX 75024	☐ Delete	TITLE EVP, Secretary, General Counsel NAME T.R. Tunnell STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg 3 CITY-ST-ZIP Plano, Tx 75024	☐ Change ☐ Addition
TITLE VCFO Dennis McGill NAME ~~GARY, J. ROBERT~~ STREET ADDRESS 5400 LEGACY DRIVE, CLUSTER 2, BLDG.3 CITY-ST-ZIP PLANO, TX 75024	☐ Delete	TITLE VP NAME Alicia E. Howell STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg 3 CITY-ST-ZIP Plano, Tx 75024	☐ Change ☐ Addition
TITLE EV NAME GRIMSHAW, STEVEN H STREET ADDRESS 5400 LEGACY DRIVE, CLUSTER 2, BLDG.3 CITY-ST-ZIP PLANO, TX 75024	☐ Delete	TITLE VP NAME Jeffrey L. Robertson STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg 3 CITY-ST-ZIP Plano, Tx 75024	☐ Change ☐ Addition
TITLE VGCS NAME PHARISS, MARK A STREET ADDRESS 5400 LEGACY DRIVE, CLUSTER 2, BLDG.3 CITY-ST-ZIP PLANO, TX 75024	☐ Delete	TITLE VP NAME Robert Schwerin STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg 3 CITY-ST-ZIP Plano Tx 75024	☐ Change ☐ Addition
TITLE VT NAME LEE, PAUL T STREET ADDRESS 5400 LEGACY DRIVE, CLUSTER 2, BLDG.3 CITY-ST-ZIP PLANO, TX 75024	☐ Delete	TITLE ~~ASST~~ Secretary NAME Deborah K. Dennington STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg 3 CITY-ST-ZIP Plano, Tx 75024	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MARK PHARISS 7/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #