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**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852198 (1)
1. Corporation Name
SAFETY-KLEEN ENVIROSYSTEMS COMPANY



Principal Place of Business: **1000 N. RANDALL ROAD ELGIN IL 60123 US**
Mailing Address: **1000 N RANDALL RD ELGIN IL 60123-2318 US**

3. Date Incorporated or Qualified: **03/16/1982**
3a. Date of Last Report: **04/19/1996**
4. FEI Number: **94-2764195**
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 1 BRINCKMAN WAY**
22 Suite, Apt. #, etc.
23 City & State: **ELGIN ILL.**
24 Zip: **60123** 25 Country: **USA**
26 1 BRINCKMAN WAY
27 Suite, Apt. #, etc.
28 City & State: **ELGIN ILL.**
29 Zip: **60123** 30 Country: **USA**

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORP SYSTEM 110 NORTH MAGNOLIA ST 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, 85 Zip Code: **FL**

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN G.	1.2 NAME	
STREET ADDRESS	1000 N RANDALL RD	1.3 STREET ADDRESS	1 BRINCKMAN WAY
CITY-ST-ZIP	ELGIN IL	1.4 CITY-ST-ZIP	ELGIN, ILL. 60123
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLMSCHEN, ROBERT W.	2.2 NAME	
STREET ADDRESS	1000 N RANDALL RD	2.3 STREET ADDRESS	1 BRINCKMAN WAY
CITY-ST-ZIP	ELGIN IL	2.4 CITY-ST-ZIP	ELGIN, ILL. 60123
TITLE	CFO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDNICK LAURENCE M.	3.2 NAME	
STREET ADDRESS	1000 N RANDALL RD	3.3 STREET ADDRESS	1 BRINCKMAN WAY
CITY-ST-ZIP	ELGIN IL	3.4 CITY-ST-ZIP	ELGIN, ILL. 60123
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLMSCHEN, ROBERT W.	4.2 NAME	
STREET ADDRESS	1000 N RANDALL RD	4.3 STREET ADDRESS	1 BRINCKMAN WAY
CITY-ST-ZIP	ELGIN IL	4.4 CITY-ST-ZIP	ELGIN, ILL. 60123
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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* LAURENCE M. RUDNICK 4/26/97 847-197-8460

CR2E034 (9/96)