

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

Principal Place of Business
1 BRINCKMAN WAY
ELGIN IL 60123
US

Mailing Address
1 BRINCKMAN WAY
ELGIN IL 60123
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE BRINCKMAN WAY Suite, Apt. #, etc. 22 City & State 23 ELGIN, IL. Zip 24 60123 Country 25 KANE		2a. Mailing Address 26 ONE BRINCKMAN WAY Suite, Apt. #, etc. 27 City & State 28 ELGIN, IL. Zip 29 60123 Country 30 KANE		3. Date Incorporated or Qualified 03/16/1982	
4. FEI Number 94-2764195		Applied For 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		7. 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 FL 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN G.		1.2 NAME	JOSEPH CHALHOUX	
STREET ADDRESS	1 BRINCKMAN WAY		1.3 STREET ADDRESS	ONE BRINCKMAN WAY	
CITY-ST-ZIP	ELGIN IL		1.4 CITY-ST-ZIP	ELGIN, IL 60123	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P./SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLMSCHEN, ROBERT W.		2.2 NAME	CLARK ROSE	
STREET ADDRESS	1 BRINCKMAN WAY		2.3 STREET ADDRESS	ONE BRINCKMAN WAY	
CITY-ST-ZIP	ELGIN IL		2.4 CITY-ST-ZIP	ELGIN, IL 60123	
TITLE	CFO	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDNICK LAURENCE M.		3.2 NAME		
STREET ADDRESS	1 BRINCKMAN WAY		3.3 STREET ADDRESS	ONE BRINCKMAN WAY	
CITY-ST-ZIP	ELGIN IL		3.4 CITY-ST-ZIP	ELGIN, IL 60123	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLMSCHEN, ROBERT W.		4.2 NAME		
STREET ADDRESS	1 BRINCKMAN WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ELGIN IL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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 TREASURER

4/30/98

CR2E034 (10/97)