

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/16/1982	4. FEI Number 94-2764195	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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JOHN G.	
STREET ADDRESS	1 BRINCKMAN WAY	
CITY-ST-ZIP	ELGIN IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLMSCHEN, ROBERT W.	
STREET ADDRESS	1 BRINCKMAN WAY	
CITY-ST-ZIP	ELGIN IL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	RUDNICK LAURENCE M.	
STREET ADDRESS	1 BRINCKMAN WAY	
CITY-ST-ZIP	ELGIN IL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILLMSCHEN, ROBERT W.	
STREET ADDRESS	1 BRINCKMAN WAY	
CITY-ST-ZIP	ELGIN IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH CHALHOUS	
1.3 STREET ADDRESS	ONE BRINCKMAN WAY	
1.4 CITY-ST-ZIP	ELGIN, IL 60123	
2.1 TITLE	V.P./SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLARK ROSE	
2.3 STREET ADDRESS	ONE BRINCKMAN WAY	
2.4 CITY-ST-ZIP	ELGIN, IL 60123	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	ONE BRINCKMAN WAY	
3.4 CITY-ST-ZIP	ELGIN, IL 60123	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)