

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

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Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90005 007 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 852198

1. Corporation Name
SAFETY-KLEEN ENVIROSYSTEMS COMPANY



Principal Place of Business
ONE BRINCKMAN WAY
ELGIN IL 60123
US

Mailing Address
1 BRINCKMAN WAY
ELGIN IL 60123
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/16/1982

2. Principal Place of Business
21 1301 Gervais St.
 Suite, Apt. #, etc.
22 Suite 300
 City & State
23 Columbia, SC
 Zip Country
24 29201 25 USA

2a. Mailing Address
26 1301 Gervais St.
 Suite, Apt. #, etc.
27 Suite 300
 City & State
28 Columbia, SC
 Zip Country
29 29201 30 USA

4. FEI Number
94-2764195

Applied For
 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes 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 **FL** **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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P, D
NAME	JOHNSON, JOHN G.	1.2 NAME	Kenneth W. Winger
STREET ADDRESS	1 BRINCKMAN WAY	1.3 STREET ADDRESS	1301 Gervais St Suite 300
CITY-ST-ZIP	ELGIN IL 60123	1.4 CITY-ST-ZIP	Columbia, SC 29201
TITLE	VD	2.1 TITLE	V
NAME	WILLMSCHEN, ROBERT W.	2.2 NAME	Michael J. Bragagnola
STREET ADDRESS	1 BRINCKMAN WAY	2.3 STREET ADDRESS	1301 Gervais St. Suite 300
CITY-ST-ZIP	ELGIN IL 60123	2.4 CITY-ST-ZIP	Columbia, SC 29201
TITLE	CFO	3.1 TITLE	S
NAME	RUDNICK LAURENCE M.	3.2 NAME	Henry H. Taylor
STREET ADDRESS	1 BRINCKMAN WAY	3.3 STREET ADDRESS	1301 Gervais St. Suite 300
CITY-ST-ZIP	ELGIN IL	3.4 CITY-ST-ZIP	Columbia, SC 29201
TITLE		4.1 TITLE	T
NAME		4.2 NAME	Paul R. Humphreys
STREET ADDRESS		4.3 STREET ADDRESS	1301 Gervais St. Suite 300
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Columbia, SC 29201
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: _____ DATE: **5/18/99** DAYTIME PHONE #: **803 933-4279**

CR2E034 (1/198)