

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90005 007 ***550.00

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

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

2. Principal Place of Business

21 1301 Gervais St.

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Columbia, SC

Zip

24 29201 25 USA

2a. Mailing Address

26 1301 Gervais St.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Columbia, SC

Zip

29 29201 30 USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, JOHN G.
STREET ADDRESS 1 BRINCKMAN WAY
CITY-ST-ZIP ELGIN IL 60123
☒ DELETE

TITLE VD
NAME WILLMSCHEN, ROBERT W.
STREET ADDRESS 1 BRINCKMAN WAY
CITY-ST-ZIP ELGIN IL 60123
☒ DELETE

TITLE CFO
NAME RUDNICK LAURENCE M.
STREET ADDRESS 1 BRINCKMAN WAY
CITY-ST-ZIP ELGIN IL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D
1.2 NAME Kenneth W. Winger
1.3 STREET ADDRESS 1301 Gervais St, Suite 300
1.4 CITY-ST-ZIP Columbia, SC 29201
☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME Michael J. Bragagnola
2.3 STREET ADDRESS 1301 Gervais St. Suite 300
2.4 CITY-ST-ZIP Columbia, SC 29201
☒ Change ☐ Addition

3.1 TITLE S
3.2 NAME Henry H. Taylor
3.3 STREET ADDRESS 1301 Gervais St. Suite 300
3.4 CITY-ST-ZIP Columbia, SC 29201
☒ Change ☐ Addition

4.1 TITLE T
4.2 NAME Paul R. Humphreys
4.3 STREET ADDRESS 1301 Gervais St. Suite 300
4.4 CITY-ST-ZIP Columbia, SC 29201
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/99 803 933-4279

CR2E034 (11/98)