

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90154 001 *4,400.00

DOCUMENT # 852198

1. Entity Name
SAFETY-KLEEN ENVIROSYSTEMS COMPANY

Principal Place of Business 1301 GERVAIS ST STE 300 COLUMBIA SC 29201 US	Mailing Address 1301 GERVAIS ST STE 300 COLUMBIA SC 29201 US
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1 2 1 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 94-2764195		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WINGER, KENNETH W			NAME	Henry H. Taylor		
STREET ADDRESS	1301 GERVAIS ST STE 300			STREET ADDRESS	1301 Gervais Street		
CITY-ST-ZIP	COLUMBIA SC 29201			CITY-ST-ZIP	Columbia, SC 29201		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRAGAGNOLA, MICHAEL J			NAME	Ray Dean Bullinger		
STREET ADDRESS	1301 GERVAIS ST STE 300			STREET ADDRESS	1301 Gervais Street		
CITY-ST-ZIP	COLUMBIA SC 29201			CITY-ST-ZIP	Columbia, SC 29201		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, HENRY H			NAME	Shawn L. DeJames		
STREET ADDRESS	1301 GERVAIS ST STE 300			STREET ADDRESS	1301 Gervais Street		
CITY-ST-ZIP	COLUMBIA SC 29201			CITY-ST-ZIP	Columbia, SC 29201		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUMPHREYS, PAUL R			NAME	Larry W. Singleton		
STREET ADDRESS	1301 GERVAIS ST STE 300			STREET ADDRESS	1301 Gervais Street		
CITY-ST-ZIP	COLUMBIA SC 29201			CITY-ST-ZIP	Columbia, SC 29201		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry H. Taylor **5-8-01** **803-933-4272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)