

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 07, 1999 8:00 am
Secretary of State

06-07-1999 90011 015 ***550.00

DOCUMENT # F97000005423

1. Corporation Name

SAFETY-KLEEN OIL RECOVERY CO.

Principal Place of Business

ONE BRINCKMAN WAY
ELGIN IL 60123

Mailing Address

ONE BRINCKMAN WAY
ELGIN IL 60123

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

36-3546688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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.

2a. Mailing Address

26 1301 Gervais St.
Suite, Apt. #, etc.

22 Suite 300

27 Suite 300

23 Columbia, SC

28 Columbia, SC

24 29201 25 USA

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 CP ☒ DELETE
NAME CHALHOUB, JOSEPH
STREET ADDRESS ONE BRINCKMAN WAY
CITY-ST-ZIP ELGIN IL 60123

TITLE DTS ☒ DELETE
NAME BULLINGER, ROY
STREET ADDRESS ONE BRINCKMAN WAY
CITY-ST-ZIP ELGIN IL 60123

TITLE V ☒ DELETE
NAME BRIGGER, WILLIAM
STREET ADDRESS 625 HOOD ROAD
CITY-ST-ZIP MARKHAM, ONTARIO, CANADA L3R 4E1

TITLE AS ☒ DELETE
NAME POTVIN, MAUREEN
STREET ADDRESS 300 WOOLWICH ST.
CITY-ST-ZIP BRESLAU, ONTARIO, CANADA N0B 1M0

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99 803 933 4279
Date Daytime Phone #

CR2E034 (11/98)