

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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90011 015 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

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

2. Principal Place of Business	2a. Mailing Address
21 1301 Gervais St.	26 1301 Gervais St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 300	27 Suite 300
City & State	City & State
23 Columbia, SC	28 Columbia, SC
Zip Country	Zip Country
24 29201 USA	29 29201 USA
25	30

3. Date Incorporated or Qualified	Applied For
10/15/1997	<input type="checkbox"/> Not Applicable
4. FEI Number	Applied For
36-3546688	<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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	CHALHOUB, JOSEPH	
STREET ADDRESS	ONE BRINCKMAN WAY	
CITY-ST-ZIP	ELGIN IL 60123	
TITLE	DTS	<input checked="" type="checkbox"/> DELETE
NAME	BULLINGER, ROY	
STREET ADDRESS	ONE BRINCKMAN WAY	
CITY-ST-ZIP	ELGIN IL 60123	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRIGGER, WILLIAM	
STREET ADDRESS	625 HOOD ROAD	
CITY-ST-ZIP	MARKHAM, ONTARIO, CANADA L3R 4E1	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	POTVIN, MAUREN	
STREET ADDRESS	300 WOOLWICH ST.	
CITY-ST-ZIP	BRESLAU, ONTARIO, CANADA N0B 1M0	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<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, with all other like empowered.

SIGNATURE: _____ Date **5/18/99** Daytime Phone # **803 993 4279**

CR2E034 (11/98)