

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90069 032 ***150.00

DOCUMENT # F97000005423

1. Entity Name
SAFETY-KLEEN OIL RECOVERY CO.

Principal Place of Business 1301 GERVAIS ST STE 300 COLUMBIA SC 29201 US	Mailing Address 1301 GERVAIS ST STE 300 COLUMBIA SC 29201-3326 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3546688	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WINGER, KENNETH W	
STREET ADDRESS	1301 GERVAIS ST STE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRAGAGNOLA, MICHAEL	
STREET ADDRESS	1301 GERVAIS ST STE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, HENRY H	
STREET ADDRESS	1301 GERVAIS ST STE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUMPHREYS, PAUL R	
STREET ADDRESS	1301 GERVAIS ST STE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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* **Henry H. Taylor** *secretary* **secretary** *1-6-2000* **1-6-2000** *803 933 4279* **803 933 4279**

CR2E034 (9/99)