

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000005423

1. Entity Name
SAFETY-KLEEN OIL RECOVERY CO.



06 JUL 17 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSK

Principal Place of Business
5400 LEGACY DRIVE
CLUSTER II BLDG 3
PLANO, TX 75024 US

Mailing Address
5400 LEGACY DRIVE
CLUSTER II BLDG 3
PLANO, TX 75024 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

07072006 Chg-P CR2E034 (11/05)

4. FEI Number
36-3546688

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCED	<input type="checkbox"/> Delete
NAME	SPRINKLE, DAVID M. Frederick J. Florjancic Jr.	
STREET ADDRESS	5400 LEGACY DRIVE CLUSTER II BLDG3	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	WHATLEY DUFFIE, VIRGIL III	
STREET ADDRESS	5400 LEGACY DRIVE, CLUSTER 2, BLDG.3	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	CFOV Dennis McGill	<input type="checkbox"/> Delete
NAME	GARY J. ROBERT	
STREET ADDRESS	5400 LEGACY DRIVE, CLUSTER 2, BLDG.3	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LEE, PAUL T.	
STREET ADDRESS	5400 LEGACY DRIVE, CLUSTER 2, BLDG.3	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	VGCAS	<input type="checkbox"/> Delete
NAME	PHARISS, MARK A	
STREET ADDRESS	5400 LEGACY DRIVE CLUSTER II BLDG3	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHWERIN, ROBERT	
STREET ADDRESS	5400 LEGACY DRIVE, CLUSTER 2, BLDG.3	
CITY-ST-ZIP	PLANO, TX 75024	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVP Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Michael Sprinkle	
STREET ADDRESS	5400 Legacy Dr. Cluster II, Bldg 3	
CITY-ST-ZIP	Plano, TX 75024	
TITLE	EVP Secretary, General Counsel	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.R. Tunnell	
STREET ADDRESS	5400 Legacy Dr. Cluster II, Bldg. 3	
CITY-ST-ZIP	Plano, TX 75024	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alicia E. Howell	
STREET ADDRESS	5400 Legacy Dr. Cluster II, Bldg. 3	
CITY-ST-ZIP	Plano, TX 75024	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey L. Robertson	
STREET ADDRESS	5400 Legacy Dr. Cluster II, Bldg. 3	
CITY-ST-ZIP	Plano, TX 75024	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Schwerin	
STREET ADDRESS	5400 Legacy Dr. Cluster II, Bldg 3	
CITY-ST-ZIP	Plano, TX 75024	
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah K. Dennington	
STREET ADDRESS	5400 Legacy Dr. Cluster II, Bldg 3	
CITY-ST-ZIP	Plano, TX 75024	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK PHARISS 7/11/06

Date

Daytime Phone #