

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91330 016 ***150.00

2003176 AD

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
US**



2. Principal Place of Business
5400 Legacy Drive

3. Mailing Address
5400 Legacy Drive

Suite, Apt. #, etc.
Cluster II, Bldg. 3

Suite, Apt. #, etc.
Cluster II, Bldg. 3

City & State
PLANO, TX

City & State
PLANO, TX

Zip
75024

Country
USA

Zip
75024

Country
USA

4. FEI Number **36-3546688**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRINKLE, DAVID M 1301 GERVAIS STREET COLUMBIA SC 29201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEJAMES, SHAWN 1301 GERVAIS STREET COLUMBIA SC 29201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINGLETON, LARRY W 1301 GERVAIS STREET COLUMBIA SC 29201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D David M. Sprinkle 5400 Legacy Drive, Cluster II, Bldg. 3 PLANO, TX 75024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRY K. Fogle 5400 Legacy Drive, Cluster II, Bldg. 3 PLANO, TX 75024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T Larry W. Singleton 5400 Legacy Drive, Cluster II, Bldg. 3 PLANO, TX 75024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. S Harriet L. Boyette 1301 Gervais Street Columbia, SC 29201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. S Virgil W. Duffie, III 5400 Legacy Drive, Cluster II, Bldg. 3 PLANO, TX 75024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. T David M. Sheffield 1301 Gervais St. Columbia, SC 29201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 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
DAVID M. SPRINKLE

4/23/03

Date

972 265 2061

Daytime Phone #

CR2E034 (10/02)