

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 08, 1999 8:00 am  
Secretary of State

06-08-1999 90005 010 \*\*\*550.00

DOCUMENT # P34497

1. Corporation Name  
SAFETY-KLEEN (FS), INC.

Principal Place of Business

1301 GERVAIS ST  
SUITE 300  
HOUSTON TX 29201  
US

Mailing Address

C/O ANITA K D'AMATO  
1301 GERVAIS ST. SUITE 300  
COLUMBIA SC 29201  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1991

4. FEI Number

51-0268319

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WINGER, KENNETH  
STREET ADDRESS 1301 GERVAIS ST, SUITE 300  
CITY-ST-ZIP COLUMBIA SC 29201

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SVP  
NAME FAUCETT, MICHAEL  
STREET ADDRESS 1301 GERVAIS ST, SUITE 300  
CITY-ST-ZIP COLUMBIA SC 29201

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T  
NAME HUMPHREYS, PAUL R  
STREET ADDRESS 1301 GERVAIS ST, SUITE 300  
CITY-ST-ZIP HOUSTON TX 29201

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME TAYLOR, HENRY H.  
STREET ADDRESS 1301 GERVAIS ST, SUITE 300  
CITY-ST-ZIP COLUMBIA SC 29201

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE AT  
NAME RIDINGS, WILLIAM D.  
STREET ADDRESS 1301 GERVAIS ST, SUITE 300  
CITY-ST-ZIP COLUMBIA SC 29201

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

TITLE SVP  
NAME SPRINKLE, DAVID M.  
STREET ADDRESS 1301 GERVAIS ST, SUITE 300  
CITY-ST-ZIP COLUMBIA SC 29201

6.1 TITLE  
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

Date

Daytime Phone #

5-18-99 803 933-4279

CR2E034 (1/98)