

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 823587

**Entity Name:** SAFETY-KLEEN SYSTEMS, INC.

**Current Principal Place of Business:**

42 LONGWATER DRIVE  
NORWELL, MA 02061

**Current Mailing Address:**

42 LONGWATER DRIVE  
NORWELL, MA 02061 US

**FEI Number:** 39-6090019

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SVP/TREASURER  
Name MALERBI, GREGORY  
Address 42 LONGWATER DRIVE NORWELL,  
MA  
City-State-Zip: NORWELL MA 02061

Title DIRECTOR  
Name BATTLES, MICHAEL  
Address 42 LONGWATER DRIVE  
City-State-Zip: NORWELL MA 02061

Title D, PRESIDENT  
Name GERSTENBERG, ERIC  
Address 42 LONGWATER DRIVE NORWELL,  
MA  
City-State-Zip: NORWELL MA 02061

Title S  
Name JANIS, DANIEL  
Address ONE BOSTON PLACE BOSTON, MA  
021  
City-State-Zip: BOSTON MA 02108

Title ASST. SECRETARY  
Name MCDONALD, MICHAEL  
Address 42 LONGWATER DRIVE NORWELL,  
MA  
City-State-Zip: NORWELL MA 02061

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL MCDONALD

**ASST. SECRETARY**

**06/09/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date