## 2017 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

### Name and Address of Current Registered Agent:

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

L 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

#### **Officer/Director Detail :**

	Title	Ρ	Title	SVP/TREASURER
	Name	VERGO, DAVID	Name	MALERBI, GREGORY
	Address	42 LONGWATER DRIVE NORWELL, MA	Address	42 LONGWATER DRIVE NORWELL, MA
	City-State-Zip:	NORWELL MA 02061	City-State-Zip:	NORWELL MA 02061
	Title	EVP/DIRECTOR	Title	D
	Name	BATTLES, MICHAEL	Name	GERSTENBERG, ERIC
	Address	42 LONGWATER DRIVE NORWELL, MA	Address	42 LONGWATER DRIVE NORWELL, MA
	City-State-Zip:	NORWELL MA 02061	City-State-Zip:	NORWELL MA 02061
	Title	S	Title	ASST. SECRETARY
	Name	MALM, C. MICHAEL	Name	MCDONALD, MICHAEL
	Address	ONE BOSTON PLACE BOSTON, MA 021	Address	42 LONGWATER DRIVE NORWELL, MA
	City-State-Zip:	BOSTON MA 02108	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

01/10/2017

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 10, 2017 Secretary of State CC6012262409

Date

Certificate of Status Desired: No