FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 10:55

DOCUMENT # **823587** (1)

1. Corporation Name
SAFETY KLEEN CORP

Principal Place of Business	Mailing Address
1000 N RANDALL RD ELGIN IL 60123 US	1000 N RANDALL RD ELGIN IL 60123 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1969
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 1000 N. RANDALL RD	26 1000 N. RANDALL RD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ELGIN, IL.	28 City & State: ELGIN, IL.
24 Zip: 60123 25 Country: KANE	29 Zip: 60123 30 Country: KANE

4. FEI Number: 39-6090019 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BRINCKMAN, DONALD W	1.2 NAME	
STREET ADDRESS	1000 N RANDALL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELGIN IL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BLOCK, KENNETH	2.2 NAME	
STREET ADDRESS	11 WOODLEY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINNETRA IL	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLMSCHEN, ROBERT W.	3.2 NAME	
STREET ADDRESS	810 ST STEPHENS GREEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	RUDNICK, LAURENCE M	4.2 NAME	
STREET ADDRESS	4020 N TERRA MERE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HTS IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GWILLIM, RUSSELL A	5.2 NAME	
STREET ADDRESS	18 HARLESTON GREEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILTON HEAD SC	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JOHN G	6.2 NAME	
STREET ADDRESS	1000 N RANDALL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELGIN IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: R. Willmschen V. P. FINANCE 3/6/95 (708) 697-8460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488882 FP