

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91330 014 ***150.00

DOCUMENT # 823587

1. Entity Name

SAFETY-KLEEN SYSTEMS, INC.



Principal Place of Business

1301 GEVAIS ST.

SUITE 300

COLUMBIA SC 29201

US

Mailing Address

1301 GEVAIS ST.

SUITE 300

COLUMBIA SC 29201

US

2. Principal Place of Business

5400 Legacy Drive

Suite, Apt. #, etc.

Cluster II, Bldg. 3

City & State

PLANO, TX

Zip

75024

Country

USA

3. Mailing Address

5400 Legacy Drive

Suite, Apt. #, etc.

Cluster II, Bldg. 3

City & State

PLANO, TX

Zip

75024

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

39-6090019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SPRINKLE, DAVID M	
STREET ADDRESS	1301 GERVAIS ST STE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	SRV	<input checked="" type="checkbox"/> Delete
NAME	GRIMSHAW, STEVE	
STREET ADDRESS	1301 GERVAIS ST STE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAVERY DEJAMES, SHAWN	
STREET ADDRESS	1301 GERVAIS STREET	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SINGLETON, LARRY W	
STREET ADDRESS	1301 GERVAIS STREET	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID M. SPRINKLE	
STREET ADDRESS	5400 Legacy Drive, Cluster II, Bldg. 3	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	SRV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE GRIMSHAW	
STREET ADDRESS	5400 Legacy Drive, Cluster II, Bldg. 3	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY K. FOGLE	
STREET ADDRESS	5400 Legacy Drive, Cluster II, Bldg. 3	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	CFO/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY W. SINGLETON	
STREET ADDRESS	5400 Legacy Drive, Cluster II, Bldg. 3	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	Asst. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIETT L. BOYETTE	
STREET ADDRESS	1301 GERVAIS STREET	
CITY-ST-ZIP	COLUMBIA, SC 29201	
TITLE	Asst. T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID M. SHEFFIELD	
STREET ADDRESS	1301 GERVAIS STREET	
CITY-ST-ZIP	COLUMBIA, SC 29201	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

4/23/03

Date

972 265 2061

Daytime Phone #

CR2E034 (10/02)