


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 JUL 17 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DS*

DOCUMENT # 823587					
1. Entity Name SAFETY-KLEEN SYSTEMS, INC.					
Principal Place of Business 5400 LEGACY DRIVE CLUSTER II, BLDG. 3 PLANO, TX 75024 US			Mailing Address 5400 LEGACY DRIVE CLUSTER II, BLDG. 3 PLANO, TX 75024 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	07072006 Chg-P CR2E034 (11/05)	
4. FEI Number 39-6090019				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <i>PCED</i> NAME <i>David Michael Sprinkle</i> STREET ADDRESS 5400 LEGACY DR., CLUSTER II, BLDG. 3 CITY-ST-ZIP PLANO, TX 75024	<input type="checkbox"/> Delete		TITLE <i>EVP - Director</i> NAME <i>David Michael Sprinkle</i> STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg-3 CITY-ST-ZIP Plano, TX 75024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>AS</i> NAME <i>WHATLEY DUFFIE, VIRGIL III</i> STREET ADDRESS 5400 LEGACY DR., CLUSTER II, BLDG. 3 CITY-ST-ZIP PLANO, TX 75024	<input type="checkbox"/> Delete		TITLE <i>EVP</i> NAME <i>T.R. Tunnell</i> STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg. 3 CITY-ST-ZIP Plano, TX 75024	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>VCFO</i> NAME <i>Dennis McGill</i> STREET ADDRESS 5400 LEGACY DRIVE, CLUSTER 2, BLDG.3 CITY-ST-ZIP PLANO, TX 75024	<input type="checkbox"/> Delete		TITLE <i>VP</i> NAME <i>Alicia E. Howell</i> STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg. 3 CITY-ST-ZIP Plano, TX 75024	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>EV</i> NAME <i>GRIMSHAW, STEVEN H</i> STREET ADDRESS 5400 LEGACY DRIVE, CLUSTER 2, BLDG.3 CITY-ST-ZIP PLANO, TX 75024	<input type="checkbox"/> Delete		TITLE <i>VP</i> NAME <i>Jeffrey L. Robertson</i> STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg. 3 CITY-ST-ZIP Plano, TX 75024	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>VGCS</i> NAME <i>PHARISS, MARK A</i> STREET ADDRESS 5400 LEGACY DRIVE, CLUSTER 2, BLDG.3 CITY-ST-ZIP PLANO, TX 75024	<input type="checkbox"/> Delete		TITLE <i>VP</i> NAME <i>Robert Schwerin</i> STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg. 3 CITY-ST-ZIP Plano, TX 75024	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>VT</i> NAME <i>LEE, PAUL T</i> STREET ADDRESS 5400 LEGACY DRIVE, CLUSTER 2, BLDG.3 CITY-ST-ZIP PLANO, TX 75024	<input type="checkbox"/> Delete		TITLE <i>ASST. Secretary</i> NAME <i>Deborah K. Dennington</i> STREET ADDRESS 5400 Legacy Dr, Cluster II, Bldg. 3 CITY-ST-ZIP Plano, TX 75024	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>MARK PHARISS</i> 7/11/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					