

**2013 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:** Yes**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            PRESIDENT  
Name            CORRELL, JERRY  
Address        400 ARBOR LAKE DRIVE  
City-State-Zip: COLUMBIA SC 29223

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

Title            EVP  
Name            RUTLEDGE, JAMES  
Address        42 LONGWATER DRIVE  
City-State-Zip: NORWELL MA 02061

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

Title            EVP  
Name            ECKELBARGER, DAVID  
Address        2600 NORTH CENTRAL EXPRESSWAY  
City-State-Zip: RICHARDSON TX 75080

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

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

Title            SECRETARY  
Name            MALM, C. MICHAEL  
Address        ONE BOSTON PALCE  
City-State-Zip: BOSTON MA 02108

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*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: DAVID MUSSELMAN****SVP/ASST. SECRETARY****05/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SVP/ASST. SECRETARY  
Name MUSSELMAN, DAVID  
Address 42 LONGWATER DRIVE  
City-State-Zip: NORWELL MA 02061

Title ASST. SECRETARY  
Name CARL, BRAD  
Address 2600 NORTH CENTRAL EXPRESSWAY  
City-State-Zip: RICHARDSON TX 75080

Title SVP/ASST. SECRETARY  
Name DUFFIE, VIRGIL  
Address 2600 NORTH CENTRAL EXPRESSWAY  
City-State-Zip: RICHARDSON TX 75080

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

Title ASST. SECRETARY  
Name DENNINGTON, DEBORAH  
Address 2600 NORTH CENTRAL EXPRESSWAY  
City-State-Zip: RICHARDSON TX 75080