2015 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: No

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:

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Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT		Title	SVP/TREASURER
Name	CORRELL, JERRY		Name	MALERBI, GREGORY
Address	400 ARBOR LAKE DRIVE		Address	42 LONGWATER DRIVE
City-State-Zip:	COLUMBIA SC 29223		City-State-Zip:	NORWELL MA 02061
Title	EVP		Title	EVP
Name	RUTLEDGE, JAMES		Name	GERSTENBERG, ERIC
Address	42 LONGWATER DRIVE		Address	42 LONGWATER DRIVE
City-State-Zip:	NORWELL MA 02061		City-State-Zip:	NORWELL MA 02061
Title	DIRECTOR		Title	DIRECTOR
Name	RUTLEDGE, JAMES		Name	GERSTENBERG, ERIC
Address	42 LONGWATER DRIVE		Address	42 LONGWATER DRIVE
City-State-Zip:	NORWELL MA 02061		City-State-Zip:	NORWELL MA 02061
Title	SECRETARY		Title	VP/ASST. SECRETARY
Name	MALM, C. MICHAEL		Name	MCDONALD, MICHAEL
Address	ONE BOSTON PALCE		Address	42 LONGWATER DRIVE
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   ASSISTANT SECRETARY   05/01/2015

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Electronic Signature of Signing Officer/Director Detail

Date