

2021 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

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

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

Title S
Name MALM, C. MICHAEL
Address ONE BOSTON PLACE BOSTON, MA
021
City-State-Zip: BOSTON MA 02108

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**ASST. SECRETARY****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date