

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **823587** (1)
1. Corporation Name
SAFETY KLEEN CORP



Principal Place of Business 1000 N RANDALL RD ELGIN IL 60123 US	Mailing Address 1000 N RANDALL RD ELGIN IL 60123-2318 US
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3. Date Incorporated or Qualified 08/08/1969	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 1 BRINCKMAN WAY Suite, Apt. #, etc. 22 City & State 23 ELGIN, IL 60123 Zip 24 60123 25 USA	2a. Mailing Address 26 1 BRINCKMAN WAY Suite, Apt. #, etc. 27 City & State 28 ELGIN, IL Zip 29 60123 30 USA
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4. FEI Number 39-6090019	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINCKMAN, DONALD W	1.2 NAME	
STREET ADDRESS	1000 N RANDALL RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	ELGIN IL	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, KENNETH	2.2 NAME	
STREET ADDRESS	11 WOODLEY ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	WINNETKA IL	2.4 CITY- ST- ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLMSCHEN, ROBERT W.	3.2 NAME	
STREET ADDRESS	810 ST STEPHENS GREEN	3.3 STREET ADDRESS	
CITY- ST- ZIP	OAK BROOK IL	3.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDNICK, LAURENCE M	4.2 NAME	
STREET ADDRESS	4020 N TERRA MERE AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	ARLINGTON HTS IL	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWILLIM, RUSSELL A	5.2 NAME	
STREET ADDRESS	18 HARLESTON GREEN	5.3 STREET ADDRESS	
CITY- ST- ZIP	HILTON HEAD SC	5.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN G	6.2 NAME	
STREET ADDRESS	1000 N RANDALL RD	6.3 STREET ADDRESS	
CITY- ST- ZIP	ELGIN IL	6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laurence M. Rudnick **LAURENCE M. RUDNICK** 4/28/97 847-697-8460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)