

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
**1 BRINCKMAN WAY
ELGIN IL 60123
US**

Mailing Address
**1 BRINCKMAN WAY
ELGIN IL 60123
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE BRINCKMAN WAY Suite, Apt. #, etc.		2a. Mailing Address 26 ONE BRINCKMAN WAY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/08/1969	
22 City & State 23 ELGIN, IL		27 City & State 28 ELGIN, IL		4. FEI Number 39-6090019 Applied For <input type="checkbox"/> Not Applicable	
24 Zip 60123		25 Country KANE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 60123		30 Country KANE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINCKMAN, DONALD W	1.2 NAME	
STREET ADDRESS	1000 N RANDALL RD	1.3 STREET ADDRESS	ONE BRINCKMAN WAY
CITY-ST-ZIP	ELGIN IL	1.4 CITY-ST-ZIP	ELGIN, IL 60123
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	WINNETA IL	2.4 CITY-ST-ZIP	
TITLE	VPS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLMSCHEN, ROBERT W.	3.2 NAME	SEC. SCOTT KILL
STREET ADDRESS	810 ST STEPHENS GREEN	3.3 STREET ADDRESS	1803 BELTER COURT
CITY-ST-ZIP	OAK BROOK IL	3.4 CITY-ST-ZIP	GENEVA, IL 60134
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" 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	375 TOWN PLACE CIRCLE
CITY-ST-ZIP	ARLINGTON HTS IL	4.4 CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWILLIM, 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 checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN G	6.2 NAME	P. JOSEPH CATALANOS
STREET ADDRESS	1000 N RANDALL RD	6.3 STREET ADDRESS	ONE BRINCKMAN WAY
CITY-ST-ZIP	ELGIN IL	6.4 CITY-ST-ZIP	ELGIN, IL 60123

14. I 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 TREASURER

4/30/98

CR2E034 (10/97)