

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 08, 1999 8:00 am  
Secretary of State

06-08-1999 90005 008 \*\*\*550.00

DOCUMENT # 823587

1. Corporation Name  
SAFETY-KLEEN SYSTEMS, INC.



Principal Place of Business

Mailing Address

1 BRINCKMAN WY  
EGLIN IL 60123  
US

1 BRINCKMAN WY  
EGLIN IL 60123  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1969

4. FEI Number

39-6090019

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

FL

85 Zip Code

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

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | D                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | BRINCKMAN, DONALD W    |  |
| STREET ADDRESS | 1 BRINCKMAN WY         |  |
| CITY-ST-ZIP    | EGLIN IL 60123         |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | BLOCK, KENNETH         |  |
| STREET ADDRESS | 11 WOODLEY ROAD        |  |
| CITY-ST-ZIP    | WINNETRA IL            |  |
| TITLE          | S                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | SCOTT, KRILL           |  |
| STREET ADDRESS | 1803 BELTER CT         |  |
| CITY-ST-ZIP    | GENEVA IL 60134        |  |
| TITLE          | T                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | RUDNICK, LAURENCE M    |  |
| STREET ADDRESS | 375 TOWN PLACE CIR     |  |
| CITY-ST-ZIP    | BUFFALO GROVE IL 60089 |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | GWILLIM, RUSSELL A     |  |
| STREET ADDRESS | 18 HARLESTON GREEN     |  |
| CITY-ST-ZIP    | HILTON HEAD SC         |  |
| TITLE          | P                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | CHALHOMB, JOSEPH       |  |
| STREET ADDRESS | 1 BRINCKMAN WY         |  |
| CITY-ST-ZIP    | EGLIN IL 60123         |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                            |  |
|--------------------|----------------------------|--|
| 1.1 TITLE          | P, D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Kenneth W. Winger          |  |
| 1.3 STREET ADDRESS | 1301 Gervais St. Suite 300 |  |
| 1.4 CITY-ST-ZIP    | Columbia, SC 29201         |  |
| 2.1 TITLE          | V                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Michael J. Bragagnola      |  |
| 2.3 STREET ADDRESS | 1301 Gervais St. Suite 300 |  |
| 2.4 CITY-ST-ZIP    | Columbia, SC 29201         |  |
| 3.1 TITLE          | S                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Henry H. Taylor            |  |
| 3.3 STREET ADDRESS | 1301 Gervais St. Suite 300 |  |
| 3.4 CITY-ST-ZIP    | Columbia, SC 29201         |  |
| 4.1 TITLE          | T                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | Paul R. Humphreys          |  |
| 4.3 STREET ADDRESS | 1301 Gervais St. Suite 300 |  |
| 4.4 CITY-ST-ZIP    | Columbia, SC 29201         |  |
| 5.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                            |  |
| 5.3 STREET ADDRESS |                            |  |
| 5.4 CITY-ST-ZIP    |                            |  |
| 6.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                            |  |
| 6.3 STREET ADDRESS |                            |  |
| 6.4 CITY-ST-ZIP    |                            |  |

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/18/99 803 933 4279

CR2E034 (11/98)