

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 823587

1. Entity Name

SAFETY-KLEEN SYSTEMS, INC.

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90005 042 ***550.00

Principal Place of Business

1 BRINCKMAN WAY 1301 Gervais, Ste 300
 EGLIN FL 80123 Columbia, SC 29201
 US

Mailing Address

1 BRINCKMAN WAY 1301 Gervais, Ste 300
 EGLIN FL 80129 Columbia, SC 29201
 US

2. Principal Place of Business

1301 Gervais Street
 Suite Apt. #, etc.
 Suite 300

3. Mailing Address

1301 Gervais Street
 Suite Apt. #, etc.
 Suite 300

City & State

Columbia SC
 Zip 29201 Country USA

City & State

Columbia, SC
 Zip 29201 Country USA

4. FEI Number

39-6090019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINGER, KENNETH W 1301 GERVAIS ST STE 300 COLUMBIA SC 29201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAGAGNOLA, MICHAEL J 1301 GERVAIS ST STE 300 COLUMBIA SC 29201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, HENRY H 1301 GERVAIS ST STE 300 COLUMBIA SC 29201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUMPHREYS, PAUL R 1301 GERVAIS ST STE 300 COLUMBIA SC 29201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Henry H. Taylor 1301 Gervais St, Ste 300 Columbia, SC 29201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR Vice President Ray Dean Bullinger 1301 Gervais St, Ste 300 Columbia, SC 29201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Shawn Lavery DeJames 1301 Gervais St, Ste 300 Columbia, SC 29201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treasurer Thomas W. Ritter, Jr. 1301 Gervais Street, Suite 300 Columbia, SC 29201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Henry H. Taylor 1301 Gervais St, Ste 300 Columbia, SC 29201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry H. Taylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)