

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:55

DOCUMENT # **852198** (1)  
1. Corporation Name  
**SAFETY-KLEEN ENVIROSYSTEMS COMPANY**

Principal Place of Business Mailing Address  
1000 N RANDALL RD 1000 N RANDALL RD  
ELGIN FL 60123 ELGIN FL 60123  
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/16/1982** 3a. Date of Last Report **04/18/1994**  
4. FEI Number **94-2764195** 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 has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1000 N. RANDALL RD.** 26 **1000 N. RANDALL RD.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 **ELGIN, ILL.** 27 **ELGIN, ILL.**  
City & State City & State  
24 **60123** 25 **KANE** 29 **60123** 30 **KANE**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORP SYSTEM**  
**110 NORTH MAGNOLIA ST**  
**TALLAHASSEE FL 32301**

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 607.1608, 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAUDIE, RICHARD J
STREET ADDRESS	1000 N RANDALL RD
CITY - ST - ZIP	ELGIN IL
TITLE	VD
NAME	WILLMSCHEN, ROBERT W.
STREET ADDRESS	1000 N RANDALL RD
CITY - ST - ZIP	ELGIN IL
TITLE	CFO
NAME	RUDNICK LAURENCE M.
STREET ADDRESS	1000 N RANDALL RD
CITY - ST - ZIP	ELGIN IL
TITLE	SD
NAME	WILLMSCHEN, ROBERT W.
STREET ADDRESS	1000 N RANDALL RD
CITY - ST - ZIP	ELGIN IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN G. JOHNSON	
1.3 STREET ADDRESS	1000 N. RANDALL RD.	
1.4 CITY - ST - ZIP	ELGIN, ILL. 60123	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 addition.

SIGNATURE: *V. P. FINANC* **V. P. FINANC** 3/6/95 (708)697-8460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)