

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

**FILED**

**May 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

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



Principal Place of Business Mailing Address  
**1000 N. RANDALL ROAD  
ELGIN IL 60123  
US** **1000 N RANDALL RD  
ELGIN IL 60123-2318  
US**

2. Principal Place of Business 2a. Mailing Address  
21 **1 BRINCKMAN WAY** 26 **1 BRINCKMAN WAY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **ELGIN ILL.** 27 **ELGIN ILL.**  
City & State City & State  
23 **60123** 28 **60123** 29 **USA** 30 **USA**  
Zip Country Zip Country

3. Date Incorporated or Qualified **03/16/1982** 3a. Date of Last Report **04/19/1996**  
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**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**THE PRENTICE-HALL CORP SYSTEM  
110 NORTH MAGNOLIA ST  
TALLAHASSEE FL 32301**  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JOHN G.</b>	1.2 NAME	
STREET ADDRESS	<b>1000 N RANDALL RD</b>	1.3 STREET ADDRESS	<b>1 BRINCKMAN WAY</b>
CITY-ST-ZIP	<b>ELGIN IL</b>	1.4 CITY-ST-ZIP	<b>ELGIN, ILL. 60123</b>
TITLE	<b>VD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLMSCHEN, ROBERT W.</b>	2.2 NAME	
STREET ADDRESS	<b>1000 N RANDALL RD</b>	2.3 STREET ADDRESS	<b>1 BRINCKMAN WAY</b>
CITY-ST-ZIP	<b>ELGIN IL</b>	2.4 CITY-ST-ZIP	<b>ELGIN, ILL. 60123</b>
TITLE	<b>CFO</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUDNICK LAURENCE M.</b>	3.2 NAME	
STREET ADDRESS	<b>1000 N RANDALL RD</b>	3.3 STREET ADDRESS	<b>1 BRINCKMAN WAY</b>
CITY-ST-ZIP	<b>ELGIN IL</b>	3.4 CITY-ST-ZIP	<b>ELGIN, ILL. 60123</b>
TITLE	<b>SD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLMSCHEN, ROBERT W.</b>	4.2 NAME	
STREET ADDRESS	<b>1000 N RANDALL RD</b>	4.3 STREET ADDRESS	<b>1 BRINCKMAN WAY</b>
CITY-ST-ZIP	<b>ELGIN IL</b>	4.4 CITY-ST-ZIP	<b>ELGIN, ILL. 60123</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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** **4/26/97** **847-197-8460**

CR2E034 (9/96)