

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90154 001 \*4,400.00

**DOCUMENT # 852198**

1. Entity Name  
**SAFETY-KLEEN ENVIROSYSTEMS COMPANY**

Principal Place of Business <b>1301 GERVAIS ST          STE 300          COLUMBIA SC 29201          US</b>	Mailing Address <b>1301 GERVAIS ST          STE 300          COLUMBIA SC 29201          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>94-2764195</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>PD</b> NAME: <b>WINGER, KENNETH W</b> STREET ADDRESS: <b>1301 GERVAIS ST STE 300</b> CITY-ST-ZIP: <b>COLUMBIA SC 29201</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>PD</b> NAME: <b>Henry H. Taylor</b> STREET ADDRESS: <b>1301 Gervais Street</b> CITY-ST-ZIP: <b>Columbia, SC 29201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>V</b> NAME: <b>BRAGAGNOLA, MICHAEL J</b> STREET ADDRESS: <b>1301 GERVAIS ST STE 300</b> CITY-ST-ZIP: <b>COLUMBIA SC 29201</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>VP</b> NAME: <b>Ray Dean Bullinger</b> STREET ADDRESS: <b>1301 Gervais Street</b> CITY-ST-ZIP: <b>Columbia, SC 29201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>S</b> NAME: <b>TAYLOR, HENRY H</b> STREET ADDRESS: <b>1301 GERVAIS ST STE 300</b> CITY-ST-ZIP: <b>COLUMBIA SC 29201</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>S</b> NAME: <b>Shawn L. DeJames</b> STREET ADDRESS: <b>1301 Gervais Street</b> CITY-ST-ZIP: <b>Columbia, SC 29201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>T</b> NAME: <b>HUMPHREYS, PAUL R</b> STREET ADDRESS: <b>1301 GERVAIS ST STE 300</b> CITY-ST-ZIP: <b>COLUMBIA SC 29201</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>T</b> NAME: <b>Larry W. Singleton</b> STREET ADDRESS: <b>1301 Gervais Street</b> CITY-ST-ZIP: <b>Columbia, SC 29201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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 **5-8-01** **803-933-4272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)