

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

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

06-08-1999 90005 010 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P34497**

1. Corporation Name  
**SAFETY-KLEEN (FS), INC.**



Principal Place of Business	Mailing Address
1301 GERVAIS ST SUITE 300 HOUSTON TX 29201 US	C/O ANITA K D'AMATO 1301 GERVAIS ST.SUITE 300 COLUMBIA SC 29201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	06/27/1991
4. FEI Number	51-0268319
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
 1200 S. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINGER, KENNETH	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	FAUCETT, MICHAEL	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	CLOUMBIA SC 29201	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, PAUL R	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	HOUSTON TX 29201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, HENRY H.	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	RIDINGS, WILLIAM D.	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SPRINKLE, DAVID M.	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 H Taylor Secu

5-18-99 803 933-4279  
 Date Daytime Phone #

CR2E034 (1/98)