

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # P39062**

1. Entity Name

**SAFETY-KLEEN (LONE AND GRASSY MOUNTAIN), INC.**

Principal Place of Business 1301 GERVAIS ST SUITE 300 COLUMBIA SC 29201 US	Mailing Address 1301 GERVAIS ST SUITE 300 COLUMBIA SC 29201 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	73-0774247	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 SUITE 105  
 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) <input type="checkbox"/>	<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</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KENNETH W. WINGER	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	DAVID M. SPRINKLE	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HENRY H. TAYLOR	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PAUL R. HUMPHREYS	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBAI SC 29201	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM D. RIDINGS	
STREET ADDRESS	1301 GERGAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BRAGAGNOLO, MICHAEL JOSEPH	
STREET ADDRESS	1301 GERVAIS ST, SUITE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry H Taylor	
STREET ADDRESS	1301 GERVAIS STREET	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAWN L. DeJames	
STREET ADDRESS	1301 GERVAIS STREET	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY W. SINGLETON	
STREET ADDRESS	1301 GERVAIS STREET	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** **803-933-4279**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)