

2001 UNIFORM BUSINESS REPORT (UBR)

DS 192

DOCUMENT # *F61805*

AMENDED

1. Entity Name
Industrial Building Services, Inc.

FILED

01 OCT 27 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business 3511 NE 22 Ave	3. Mailing Address 2140 Lake Park Blvd.
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale, FL	City & State Richardson, TX	4. FEI Number 59-2153249	Applied For <input type="checkbox"/> Not Applicable
Zip 33308	Country USA	Zip 75080	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$250.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Scott E. Messel 2140 Lake Park Blvd. Richardson, TX 75080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mark M. Dolan 2140 Lake Park Blvd. Richardson, TX 75080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHMENT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO John Hubbuch 2140 Lake Park Blvd. Richardson, TX 75080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>800004627773</i> <i>-10/09/01-01006-017</i> <i>*****61.25 *****61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Arvid Albanese 3511 NE 22 Ave, Suite 300 Ft. Lauderdale, FL 33308 <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	VP William G. Rinaldi 3511 NE 22 Ave, Suite 300 Ft. Lauderdale, FL 33308 <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	VP Joe Gennari 3511 NE 22 Ave, Suite 300 Ft. Lauderdale, FL 33308 <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	VP/T Carol Hansen 3511 NE 22 Ave, Suite 300 Ft. Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>mw</i>

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: *Jennifer Franklin* Jennifer Franklin, Assistant Secretary 9/25/01 972-497-6892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

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**ATTACHMENT TO
AMENDED 2001 UNIFORM BUSINESS REPORT
FOR
INDUSTRIAL BUILDING SERVICES, INC.**

11. OFFICERS AND DIRECTORS

TITLE: P/CEO/D Delete
NAME: JAMES L. MISHLER
STREET ADDRESS: 2140 LAKE PARK BLVD.
CITY - ST - ZIP: RICHARDSON, TX 75080

TITLE: VP Delete
NAME: RUSSELL D. BOAZ
STREET ADDRESS: 2140 LAKE PARK BLVD.
CITY - ST - ZIP: RICHARDSON, TX 75080

TITLE: S Delete
NAME: KENNETH C. FERNANDEZ
STREET ADDRESS: 2140 LAKE PARK BLVD.
CITY - ST - ZIP: RICHARDSON, TX 75080

TITLE: ASSISTANT SECRETARY Delete
NAME: JENNIFER T. FRANKLIN
STREET ADDRESS: 2140 LAKE PARK BLVD.
CITY - ST - ZIP: RICHARDSON, TX 75080

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Industrial Building Services, Inc.

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Annual-Report <i>Amended</i> | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____ 10/1/01 Order#: 4819351
 Availability _____
 Document _____
 Examiner _____ Ref#: _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

Amount: \$ _____

RECEIVED
 01 OCT - 1 PM 2:20
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615