

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90219 029 ***150.00

DOCUMENT # F97000005110

1. Entity Name
ADVANCED INDUSTRIAL SERVICES, INC.

Principal Place of Business
3250 SUSQUEHANNA TRAIL
YORK PA 17402

Mailing Address
3250 SUSQUEHANNA TRAIL
YORK PA 17402

B0075444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		23-2308981		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T 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 reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 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	P	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YERGO, MICHAEL			NAME	DAVIS, JAMES T.		
STREET ADDRESS	3250 SUSQUEHANNA TRAIL			STREET ADDRESS	96 CHERRY LANE		
CITY-ST-ZIP	YORK PA			CITY-ST-ZIP	CARLISLE, PA		
TITLE	V	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAILEY, KRIS			NAME	MARTYN GREEN		
STREET ADDRESS	3250 SUSQUEHANNA TRAIL			STREET ADDRESS	244 ORCHARD HILL DRIVE		
CITY-ST-ZIP	YORK PA			CITY-ST-ZIP	PALMYRA, PA		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRANGE, RUSS			NAME			
STREET ADDRESS	3250 SUSQUEHANNA TRAIL			STREET ADDRESS			
CITY-ST-ZIP	YORK PA			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREEDEN, KARL			NAME			
STREET ADDRESS	3250 SUSQUEHANNA TRAIL			STREET ADDRESS			
CITY-ST-ZIP	YORK PA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEINRICHS, JAMES			NAME			
STREET ADDRESS	3250 SUSQUEHANNA TRAIL			STREET ADDRESS			
CITY-ST-ZIP	YORK PA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAINTER, MARK			NAME			
STREET ADDRESS	3250 SUSQUEHANNA TRAIL			STREET ADDRESS			
CITY-ST-ZIP	YORK PA			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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED** **4/12/02** **717-764-9011**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)