


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90655 029 ***150.00

UBR2003
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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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 23-2308981		Applied For	
		Not Applicable	
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	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YERGO, MICHAEL 3250 SUSQUEHANNA TRAIL YORK PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JAMES T. 96 CHERRY LANE CARLISLE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAILEY, KRIS 3250 SUSQUEHANNA TRAIL YORK PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MARTYN 244 ORCHARD HILL DRIVE PALMYRA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRANGE, RUSS 3250 SUSQUEHANNA TRAIL YORK PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREEDEN, KARL 3250 SUSQUEHANNA TRAIL YORK PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINRICHS, JAMES 3250 SUSQUEHANNA TRAIL YORK PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAINTER, MARK 3250 SUSQUEHANNA TRAIL YORK PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. C. ...* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **3/10/03** Daytime Phone #: **717-769-9811**

CR2E034 (10/02)