2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30596

FILED Apr 22, 2008 Secretary of State

Entity Name: ANGELICA TEXTILE SERVICES, INC.

Current Pri	incipal Place	of Business:	New Princ	New Principal Place of Business:		
424 S WOODS MILL ROAD SUITE 300 CHESTERFIELD, MO 630173406 US						
Current Mailing Address:			New Mailir	New Mailing Address:		
424 S WOODS MILL ROAD SUITE 300 CHESTERFIELD, MO 630173406 US						
FEI Number: 43-1096508 FEI Number Applied For () FEI		FEI Number Not Appli	mber Not Applicable () Certificate of Status I			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above in the State		ubmits this statement for the pu	ırpose of changing it	s registered office	or registered agent, or both,	
SIGNATURE:						
Electronic Signature of Registered Agent			nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	O'HARA, STEPH 424 S WOODS N		Title: Name: Address: City-St-Zip:	()Chan	nge () Addition	
Title: Name: Address: City-St-Zip:	FREY, STEVEN I 424 S WOODS N		Title: Name: Address: City-St-Zip:	()Chan	nge () Addition	
Title: Name: Address: City-St-Zip:	SHAFFER, JAME 424 SOUTH WO		Title: Name: Address: City-St-Zip:	()Chan	nge () Addition	
Title: Name: Address: City-St-Zip:	HOLT, JON H	Delete /IILL RD , MO 630173406	Title: Name: Address: City-St-Zip:	TREA (X) Char SHAFFER, JAMES W 424 S WOODS MILL CHESTERFIELD, MO	RD	
Title: Name: Address: City-St-Zip:	SIMMONS, JERF 424 S WOODS N		Title: Name: Address: City-St-Zip:	()Chan	nge () Addition	
Title: Name: Address: City-St-Zip:	WATSON, WILLI 424 S WOODS N		Title: Name: Address: City-St-Zip:	()Chan	nge () Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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						

SIGNATURE: JAMES W SHAFFER TREA 04/22/2008

above, or on an attachment with an address, with all other like empowered.