2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 175517

Entity Name: INDUSTRIAL SERVICES OF AMERICA, INC.

Current Principal Place of Business:

7100 GRADE LANE
LOUISVILLE, KY 40213

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 32428
LOUISVILLE, KY 40232

New Mailing Address:

FEI Number: 59-0712746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DCEO	( ) Delete
Name:	KLETTER, HARRY,	
Address:	1208 PARK HILLS COURT	
City-St-Zip:	LOUISVILLE, KY 40207	
Title:	TCFO	( ) Delete
Name:	SCHROERING, ALAN	
Address:	7744 FOUR LEAF DR	
City-St-Zip:	GREENVILLE, IN 47124	
Title:	D	( ) Delete
Name:	COZZI, ALBERT	
Address:	501 F. NORTH KINGSBURY STREET	
City-St-Zip:	CHICAGO, IL 60610	
Title:	D	( ) Delete
Name:	EPELBAUM, ROMAN	
Address:	12610 HARMONY LANDING ROAD	
City-St-Zip:	GOSHEN, KY 40026	
Title:	D	( ) Delete
Name:	FERGUSON, RICHARD	
Address:	7305 EDGEMORE PLACE	
City-St-Zip:	PROSPECT, KY 40059	
Title:	D	( ) Delete
Name:	OLIVER, ORSON	
Address:	141 N. 4TH AVENUE, #643	
City-St-Zip:	LOUISVILLE, KY 40202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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

SIGNATURE: ALAN SCHROERING TCFO 01/08/2009

Electronic Signature of Signing Officer or Director Date