


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90200 026 ****61.25

DOCUMENT # 818751

1. Entity Name
TEXTILE RENTAL SERVICES ASSOCIATION OF AMERICA, INC.



Principal Place of Business Mailing Address

**1800 DIAGONAL RD
SUITE 200
ALEXANDRIA VA 22314
US**

**1800 DIAGONAL RD
SUITE 200
ALEXANDRIA VA 22314
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **36-2036177** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|--|
| TITLE | CHMN | <input type="checkbox"/> Delete |
| NAME | COYNE, THOMAS M | |
| STREET ADDRESS | 140 CORTLAND AVE | |
| CITY-ST-ZIP | SYRACUSE NY 13202-3411 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DE NORMANDIE, ALLEN | |
| STREET ADDRESS | 8801 S SOUTH CHICAGO AVE | |
| CITY-ST-ZIP | CHICAGO IL 60617 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JELTEMA, GREGORY-P | |
| STREET ADDRESS | 10 DIAMOND AVE | |
| CITY-ST-ZIP | GRAND RAPIDS MI 49506-1456 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CLEMENTS, HOMER | |
| STREET ADDRESS | 1 W MAYFLOWER AVE | |
| CITY-ST-ZIP | NORTH LAS VEGAS NV 89030 | |
| TITLE | DVC | <input type="checkbox"/> Delete |
| NAME | RAWLINSON, DAVID A | |
| STREET ADDRESS | 432 N.E. 10TH AVE | |
| CITY-ST-ZIP | PORTLAND OR 97232-2713 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROHMAN, STEPHEN | |
| STREET ADDRESS | 3300 N 41 ST | |
| CITY-ST-ZIP | LINCOLN NE 68504 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 617, 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 information.

SIGNATURE: *Eric J. Mallow* **REQUIRED** *ERIC J. MALLOW* 3/24/03 703-519-0029

CR2E037 (10/02)