FILED May 01, 2003 8:00 am Secretary of State

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOOLINGS HOLL Glip					7 05-01-2003 90766 038 ***150.00		
DOCUMENT #846943							
1. Entity Name							
ATLANT	IC PLANT MAINTE	NANCE, INC.	1				
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DO NOT WRITE IN THIS SPACE					0.011	8010	
		90117813					
Ì							
Principal Place of Business Amailing Address							
		PO BOX 2216					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		- 4	4. FEI Number Applied For		
PASADENA, TX		SCHENECTADY, NY			-1587578	Not Applicable	
Zip	Country	,	Country	5.	Certificate of Status Desired	\$8.75 Additional	
77503	US NOT WORTE IN T	12301-2216 t			me and Address of Current Reg	Fee Required	
en disent spec	DO NOT WRITE IN T	HIS SPACE	Name	7. Na	ne and Address of Carrent Reg	istered Agent	
				CT_CORPORATION.			
			1200	Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD)	
	•		; ;] = = = =				
		¢ 2	City			Zin Code	
			PLA1	OITATI	''	FL Zip Code 33324	
í	named entity submits this stateme		g its registered of	fice or registe	ered agent, or both, in the State of	Florida. I am familiar with,	
and accept the obligations of registered agent.							
SIGNATURE							
	Signature, typed or printed name of regis	tered agent and title if applicable.	(NOTE: Regi	stered Agent si	gnature required when reinstating)	DATE	
	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00	Company of the second			9. Election Campaign Financin	g \$5.00 May Be	
	Amended UBR is \$61.25				Trust Fund Contribution.	Added to Fees	
Make Check 10.	Payable to Florida Department of OFFICERS AND I					20 20 E	
TITLE	PRESIDENT/DIREC		TITLE				
NAME	RICK L. RIVES						
STREET ADDRESS	- 02 2 0						
CITY - ST - ZIP	P PASADENA, TX 77503 TREASURER			<u> </u>	<u></u>		
TITLE NAME	GARY E. MADSEN						
STREET ADDRESS	10005						
CITY - ST - ZIP	PASADENA, TX 77		CITY - ST - ZIP				
TITLE	SECRETARY		TITLE				
NAME	120						
STREET ADDRESS CITY - ST - ZIP	ſ	12172	STREET ADDRESS CITY - ST - ZIP	,	OO NOT WRITE IN T	HIS SPACE	
TITLE		REAS	TITLE		30 NO 1 WATE IN 1	I IIO OI FIOL	
NAME	J. DAWN MAYHEW	TOTAL TOTAL	NAME			· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	12 CORPORATE WO	ODS BLVD.	STREET ADDRESS			*	
CITY - ST - ZIP	ALBANY, NY 1221		CITY - ST - ZIP				
TITLE	ASST SEC/ASST T	_	TITLE'				
NAME CODEST ADDDESS	BARBARA A. MELI	NAME CTREET ADODECC		, Y			
STREET ADDRESS CITY - ST - ZIP	12 CORPORATE WO ALBANY, NY 1221		STREET ADDRESS CITY - ST - ZIP	*			
TITLE	ASST SEC/ASST I		TITLE				
NAME	MARK E. BUCHANA	N	NAME				
STREET ADDRESS	, -	_	STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	
CITY - ST - ZIP	ALBANY, NY 1221	1	CITY - ST - ZIP	· ' / '	,	· · · · · · · · · · · · · · · · · · ·	
12. I hereby c	ertify that the information supplied w	th this filing does not qualify f	or the exemption	stated in Se	ction 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 on an attachment with an address, with all other like empowered.							
SIGNATURE: 0 10 10 10 10 10 10 10 10 10 10 10 10 1							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OF SIGNAM OF THE PROPERTY OF THE							

STF FL32381F.1