FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90767 031 ***150.00

DOCUMENT # 84968 1. Entity Name					
MULTI-CRAFT INSTALLAT	ION SERVICES	, INC.			
	,	, 1			
DO NOT WRITE IN THIS SPACE			 9011	90117869	
2. Principal Place of Business	3. Mailing Address	·	<u>.</u>		
PO BOX 2216 PO BOX 2216					
Suite, Apt. #, etc.	pt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State			4. FEI Number	Applied For	
SCHENECTADY, NY Zip Country	SCHENECTADY Zip	, N Y Country	14-1627834	Not Applicable \$8.75 Additional	
-12301-2216 US	12301-2216	<u>US</u>	5. Certificate of Status Desired	Fee Required	
DO NOT WRITE IN T	HIS SPACE		7. Name and Address of Current R	egistered Agent	
Name CT CORPORATION					
		Street Addres	s (P.O. Box Number is Not Acceptable PINE ISLAND ROA	<u>}</u>	
· · · · · · · · · · · · · · · · · · ·		1200 5	. ITHE TOURID NOT	<u>, , , , , , , , , , , , , , , , , , , </u>	
		City		T Zin Codo	
		City PLANTA	ri <u>on</u>	FL Zip Code 3 3 3 2 4	
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.					
the state of the s	,			}	
SIGNATURE Signature, typed or printed name of regi	stered agent and title if applicable	. (NOTE: Registered A	Agent signature required when reinstating)	DATE	
January 1 - May 1 Fee is \$150.00		(1012.103910.00)		7	
After May 1, Fee is \$550.00 Amended UBR is \$61.25			 Election Campaign Finant Trust Fund Contribution. 	cing \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department o					
TITE PRES/DIR/SEC/TI		TITLE			
NAME RICK L. RIVES	(LI10)	NAME		,	
1	0220 21321321111 22 31				
CITY-ST-ZIP PASADENA, TX 7		CITY - ST - ZIP			
TITLE ASST SEC/ASST S	TREAS	TITLE NAME		·	
STREET ADDRESS 3225 PASADENA BLVD.		STREET ADDRESS			
CITY-ST-ZIP PASADENA, TX 7	<u> 7503</u>	CITY - ST - ZIP			
	TREAS	TITLE	and a figure of a second with the configuration of the second	www.	
NAME J. DAWN MAYHEW STREET ADDRESS 12 CORPORATE WO	OODS BLVD	NAME STREET ADDRESS	*		
CITY-ST-ZIP ALBANY, NY 1221		CITY - ST - ZIP	DO NOT WRITE IN	THIS SPACE	
TITLE ASST SEC/ASST	TREAS	TITLE			
BARBARA A. MELI		NAME			
STREET ADDRESS 12 CORPORATE WO		STREET ADDRESS			
TITLE ASST SEC/ASST		TITLE			
MARK E. BUCHANA	ΛN	NAME	P. C. A. W.		
STREET ADDRESS 12 CORPORATE WO		STREET ADDRESS	The state of the s		
CITY-ST-ZIP ALBANY, NY 1221	<u> </u>	CITY - ST - ZIP			
TITLE.		TITLE NAME			
STREET ADDRESS		STREET ADDRESS		V + + +	
CITY - ST - ZIP		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 on an attachment with an address, with all other like empowered.					
A. v.o. Manufacture					
SIGNATURE: Output Date Daytime Phone #					
			Vale	oojame riidiic #	

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