FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 10 AM 8:55

DOCUMENT # **856982** **(4)**

1. Corporation Name
PROFESSIONAL SERVICE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
510 EAST 22ND STREET LOMBARD IL 60148	510 EAST 22ND STREET LOMBARD IL 60148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1983	3a. Date of Last Report: 01/25/1994
4. FEI Number: 37-0962090	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PHILLIPS, WILLIAM N
1675 LEE ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Date)
Signature, typed or printed name of registered agent and the date signed (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	11 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, WILLIAM N.	12 NAME		
STREET ADDRESS	1675 LEE ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP		
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	SAVAGE, MURRAY R.	22 NAME		
STREET ADDRESS	510 E 22ND ST.	23 STREET ADDRESS		
CITY-ST-ZIP	LOMBARD IL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	ASSISTANT SECRETARY	☒ Change ☐ Addition
NAME	WEILAND, MARK B.	32 NAME		
STREET ADDRESS	510 E 22ND ST.	33 STREET ADDRESS		
CITY-ST-ZIP	LOMBARD IL	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	PFISTER, ROBERT K.	42 NAME		
STREET ADDRESS	510 E 22ND ST.	43 STREET ADDRESS		
CITY-ST-ZIP	LOMBARD IL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WOLPOW, MARC B	52 NAME		
STREET ADDRESS	TWO COPELY PLACE	53 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA	54 CITY-ST-ZIP		
TITLE	P	61 TITLE		☐ Change ☐ Addition
NAME	FITZER, STEPHEN C	62 NAME		
STREET ADDRESS	510 22ND STREET	63 STREET ADDRESS		
CITY-ST-ZIP	LOMBARD IL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this 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 12 or Block 13 if changed, added or deleted.

SIGNATURE: Murray R. Savage MURRAY R. SAVAGE, TREAS. 01/12/95 708/691-1490
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0408480 FP