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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856982

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

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

4. FEI Number: 37-0962090 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible *Personal Property Tax.* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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 this 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, WILLIAM N		1.2 NAME		
STREET ADDRESS	1398 SEMORAN BLVD STE 101		1.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	SAVAGE, MURRAY R.		2.2 NAME	SAVAGE, MURRAY R.	
STREET ADDRESS	510 E 22ND ST.		2.3 STREET ADDRESS	510 E. 22ND ST.	
CITY-ST-ZIP	LOMBARD IL		2.4 CITY-ST-ZIP	LOMBARD IL	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEILAND, MARK B.		3.2 NAME		
STREET ADDRESS	510 E 22ND ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOMBARD IL		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PFISTER, ROBERT K.		4. 2 NAME		
STREET ADDRESS	510 E 22ND ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOMBARD IL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOLPOW, MARC B		5.2 NAME		
STREET ADDRESS	TWO COPELY PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	6.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	FITZER, STEPHEN C		6.2 NAME	HAMMACK, MARSHALL	
STREET ADDRESS	510 22ND STREET		6.3 STREET ADDRESS	510 22ND ST.	
CITY-ST-ZIP	LOMBARD IL		6.4 CITY-ST-ZIP	LOMBARD, IL	

14. 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 annual report or supplemental annual 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED MARSHALL HAMMACK 3/26/99 (630) 691-1490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024-11/98)