2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 03, 2001 08:00 AM
Secretary of State

DOCUMENT # 856982

1. Entity Name
PROFESSIONAL SERVICE INDUSTRIES, INC.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 US	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.

SIGNATURE _____ 01/03/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAMMACK MARSHALL 510 22ND STREET LOMBARD IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAMMACK MARSHALL WT 510 22ND STREET LOMBARD IL 60148	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLPOW MARC B TWO COPELY PLACE BOSTON MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAY ROBERT CD TWO COPELY PLACE BOSTON MA 02116	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BRANUM W. HOWELL 510 E 22ND ST. LOMBARD IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BRANUM W. HOWELL P/D 510 E 22ND ST. LOMBARD IL 60148	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEILAND, MARK B. 510 E 22ND ST. LOMBARD IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEILAND MARK BS 510 E 22ND ST. LOMBARD IL 60148	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD SAVAGE, MURRAY R. 510 E 22ND ST. LOMBARD IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD SAVAGE MURRAY RCEOD 510 E 22ND ST. LOMBARD IL 60148	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP PHILLIPS WILLIAM N 1398 SEMORAN BLVD STE 101 CASSELBERRY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO GOIN WALTER HCOO 1278 FM 407 - SUITE 109 LEWISVILLE TX 75067	☒ Change	☐ Addition

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL W. HAMMACK T 01/03/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #