

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 856982

FILED
Oct 02, 2008
Secretary of State

Entity Name: PROFESSIONAL SERVICE INDUSTRIES, INC.

Current Principal Place of Business:

1901 S MEYERS RD STE 400
OAKBROOK TERRACE, IL 60181 US

New Principal Place of Business:

Current Mailing Address:

1901 S MEYERS RD STE 400
OAKBROOK TERRACE, IL 60181 US

New Mailing Address:

FEI Number: 37-0962090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: GOIN, WALTER H COO
Address: 1278 FM 407 - SUITE 109
City-St-Zip: LEWISVILLE, TX 75077 US

Title: CEO () Delete
Name: SAVAGE, MURRAY R CEO
Address: 1901 S MEYERS RD STE 400
City-St-Zip: OAKBROOK TERRACE, IL 60181 US

Title: S () Delete
Name: WEILAND, MARK B S
Address: 1901 S MEYERS RD STE 400
City-St-Zip: OAKBROOK TERRACE, IL 60181 US

Title: P/D () Delete
Name: BRANUM, W. HOWELL P/D
Address: 1901 S MEYERS RD STE 400
City-St-Zip: OAKBROOK TERRACE, IL 60181 US

Title: D () Delete
Name: MORRIS, ROBERT D
Address: ONE STATION PL
City-St-Zip: STAMFORD, CT 06902 US

Title: T () Delete
Name: HAMMACK, MARSHALL W T
Address: 1901 S MEYERS RD STE 400
City-St-Zip: OAKBROOK TERRACE, IL 60181 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARDENAS, L. DAVID D
Address: ONE STATION PL
City-St-Zip: STAMFORD, CT 06902 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL W. HAMMACK

T

10/02/2008

Electronic Signature of Signing Officer or Director

Date