FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2002 8:00 am F01000000509 DOCUMENT # **Secretary of State** 1. Entity Name PSC INDUSTRIAL OUTSOURCING, INC. 02-13-2002 90014 012 ***150.00 Principal Place of Business Mailing Address 5151 SAN FELIPE, SUITE 1600 5151 SAN FELIPE, SUITE 1600 B00229**39 HOUSTON TX 77056** HOUSTON TX 77056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 76-0474965 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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. VARIANTE 445 W. S SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) PREDIDENT TITLE TITLE Addition Delete ☐ Change THOMAS, ALEC F DAVE FANTA NAME NAME 12946 DAIRY ASHFORD STREET ADDRESS 19 MISSISAGA STREET STREET ADDRESS CR2E034 SUGARLAND, The 77478 CITY-ST-ZIP OAKVILLE, ONT., CANADA CITY-ST-ZIP VICE PRESIDENT TITLE TITLE ☐ Change Delete ★ Addition PETERSON, THOMAS A NAME NAME HIKE TAFF SISI SAN FELLPE, #1600 STREET ADDRESS 8304 CHIMNEY ROCK BLVD. STREET ADDRESS CITY-ST-ZIP CORDOVA TN 38018 CITY-ST-7IP HOUSTON, TK 77056 TREASURER VAT X Delete TITLE ☐ Change Addition THOMAS P. O'NEILL, JR. NAME LEPORE, ANTHONY E NAME 9700 HIGGINS RD. STREET ADDRESS 28288 SUNSET BLVD. STREET ADDRESS CITY-ST-7IP LATHRUP VILLAGE MI 48076 CITY-ST-ZIP ROSEHOUT, IL 60018 TITLE X.Delete TITLE Change ☐ Addition TEPATTI, MICHAEL NAME NAME 2181 RED MAPLE DRIVE STREET ADDRESS STREET ADDRESS **TROY MI 48098** CITY-ST-ZIP CITY-ST-ZIP SECLETAILY AS TITLE ☐ Delete TITLE Change ■ Addition DEBORAH HUSTON HUSTON, DEBORAH S NAME NAME 5151 SAN PEUPE, # 1600 **5420 COMMUNITY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77005** CITY-ST-7IP HOUSTON TK 77056 Delete TITLE ☐ Change ☐ Addition PALUMBO, MARLYS S NAME NAME THE HIGHLANDS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEATTLE WA 98177 CITY-ST-ZIP 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.

العاداة ووالحا ME OF SIGNING OFFICER OR DIRECTOR