

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000000509

1. Entity Name
PSC INDUSTRIAL OUTSOURCING, INC.



Principal Place of Business
**5151 SAN FELIPE, SUITE 1600
HOUSTON, TX 77056**

Mailing Address
**5151 SAN FELIPE, SUITE 1600
HOUSTON, TX 77056**



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0474965

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUSTON, DEBORAH S 5151 SAN FELIPE #1600 HOUSTON, TX 77050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREWS, DAVID 5151 SAN FELAPE, #1600 HOUSTON, TX 770565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERSON, BRUCE 5151 SAN FELIPE STE 1600 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMIREZ, MICHAEL W 5151 SAN FELIPE STE 1600 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80053-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David V. Andrews 3/30/07 713 625 7142

Date

Daytime Phone #