## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 14, 2008 8:00 am Secretary of State 01-14-2008 90108 017 \*\*\*150.00

DOCUMENT # F0600005153  1. Entity Name CORROSION MONITORING SERVICES, INC.			0	1-14-2008 9	0108 017	7 ***150	0.00	
Principal Place of Business	Mailing Address		400	000-				
1851 FABYAN PARKWAY 1851 FABYAN PARKWAY		_						
WEST CHICAGO, IL 60185 WEST CHICAGO, IL 60185		5						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 902 Equity DR 902 Equity		y DR		BIIII BEIT BBIII			<b>13 8</b> 1 () 1 <b>63</b> )	
Suite, Apt. #, etc.			01092008	Chg-P	CR2E034	1 (12/06)		
City & State ST. CHARLES IL	ily & State  CHARLES IL ST. CHARLES.		4. FEI Number 36-343761	2			plied For t Applicable	
Zip Country	Zip 60174	Country USA	5. Certificate of St			8.75 Add	itional	
6. Name and Address of Current R		<i>U34</i>	7. Name and Add	Iress of New Re		ee Require	1	
Namo						·		
NRAI SERVICES INC 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
	City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	}		
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its re-	gistered office or registe	red agent, or both, in	the State of Flor	ida. Lam far	miliar with,	and accept	
SIGNATURE								
Signature, typed or printed name of registered agent an	id title if applicable. (NOTE: R	ogistered Agent signature require	d when reinstating)		DATE	. — —		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		.00 May Be ded to Fees					
10. OFFICERS AND D	_	11.	ADDITIONS/CHA	NGES TO OFFI				
IIILE P NAME TURNER, STEVEN A	☐ Delete	TITLE			Į.	Change	☐ Addition	
STREET ADDRESS 130 WHITE OAK	<b>I</b>							
CITY-SI-ZIP WHEATON, IL 60187	WHEATON, IL 60187							
IIILE VPST	☐ Delete	TITLE			Ī	Change	☐ Addition	
NAME TURNER, STEVEN A STREEL ADDRESS 130 WHITE OAK	TURNER, STEVEN A  NAMI  130 VALUE OAK							
CITY-ST-ZIP WHEATON, IL 60187		STREET ADDRESS CITY-ST-ZIP						
TITLE		0111-31-211						
NAME	☐ Delete	1ITLE			[	Change	Addition	
PTDEET ANDOUGE	☐ Delete	TITLE NAME			Ĺ	Change	☐ Addition	
STREET ADORESS	☐ Delete	TITLE NAME STREET ADDRESS			Ĺ	Change	Addition .	
OTY-ST-ZIP		TITLE NAME STREET ADDRESS CITY: ST: ZIP						
CHY-ST-ZIP TITLE	□ Delete	THLE NAME STREET ADDRESS CITY: ST: AP THLE				Change Change	Addition Addition	
OTY-ST-ZIP		TITLE NAME STREET ADDRESS CITY: ST: ZIP						
OITY-ST-ZIP TITLE NAME		THLE NAME STREET ADDRESS CITY - ST - ZiP THLE NAME						
OITY-ST-ZIP THLE NAME STREET ADDRESS		THLE NAME SIREET ADDRESS CHY-ST-ZIP THLE NAME SIREET ADDRESS CHY-ST-ZIP THLE			[			
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CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	□ Delete	TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME			[	☐ Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	□ Delete	THLE NAME SIREET ADDRESS CHY-ST-ZIP THLE NAME SIREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME TREET ADDRESS CHY-ST-ZIP THLE			[	☐ Change	Addition Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.