2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9900000340

Entity Name: SPECIALTY RESOLIDES SERVICES INC

FILED Jan 07, 2004 Secretary of State

Littly Na	IIIE. SPECIAL	TT RESOURCE SERVICES, II	NC.				
Current P	rincipal Place	e of Business:	New Pri	New Principal Place of Business:			
MN 008-T	N ROAD EAS 410 NKA, MN 553						
Current Mailing Address:			New Mai	New Mailing Address:			
MN 008-T-	N ROAD EAS 410 NKA, MN 553						
FEI Number	: 41-1925903	FEI Number Applied For ()	FEI Number Not Ap	pplicable ()	Certificate of Status Desired	i()	
Name and	Address of (Current Registered Agent:	Name an	d Address	of New Registered Agent:		
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD					
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing	g its registere	ed office or registered agent, o	or both,	
SIGNATUI	RE:						
	Electro	nic Signature of Registered Age	ent		Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITIO	NS/CHANG	ES TO OFFICERS AND DIR	ECTORS:	
Title: Name: Address: City-St-Zip:	COLBY, RONA	DAD EAST (MN008-T410)	Title: Name: Address: City-St-Zip:		(X) Change()Addition N, DAVID L N ROAD EAST IKA, MN 55343		
Title: Name: Address: City-St-Zip:	DAVIS, BRENT 6300 OLSON I) Delete ' L //EMORIAL HWY. EY, MN 55427	Title: Name: Address: City-St-Zip:	:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WEBB, ROBE 6300 OLSON) Delete RT T //EMORIAL HIGHWAY (MN010-S267) EY, MN 55427	Title: Name: Address: City-St-Zip:		(X) Change () Addition DBERT T DN MEMORIAL HIGHWAY VALLEY, MN 55427		
Title: Name: Address: City-St-Zip:	VERSEN, ROE 6300 OLSON I) Delete ERT J //EMORIAL HIGHWAY (MN010-S267) EY, MN 55427	Title: Name: Address: City-St-Zip:	9900 BREN	(X) Change ()Addition DER, ROBERT W N ROAD EAST IKA, MN 55343		
Title: Name: Address: City-St-Zip:	WEISS, ALLAN	I DR. (MN012-N221)	Title: Name: Address: City-St-Zip:		(X) Change()Addition , THAD C N ROAD EAST IKA, MN 55343		
Title: Name: Address: City-St-Zip:	RYAN, TIMOTH	DAD EAST (MN008-T410)	Title: Name: Address: City-St-Zip:	:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY F. RYAN S 01/07/2004