FILED
Jun 26, 2003 8:00 am
Secretary of State
04-28-2003 90998 019 ****50.00

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LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000000030

1. Entity Name

HERITAGE INDUSTRIAL SERVICES, LLC

44005042

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5400 West 86th Street	5400 West 86th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indianapolis, Indiana	City & State: Indianapolis, Indiana
Zip: 46268-0123 Country:	Zip: 46268-0123 Country:

4. FEI Number: 35-2031359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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 _____ DATE _____

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	HERITAGE ENVIRONMENTAL SERVICES, INC	NAME	
STREET ADDRESS	5400 WEST 86TH STREET	STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS, IN 46268-0123	CITY - ST - ZIP	
TITLE	MGRM	TITLE	
NAME	MILESTONE CONTRACTORS, L.P.	NAME	
STREET ADDRESS	5400 WEST 86TH STREET	STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS, IN 46268-0123	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David Franz - Member 04/22/03 317-872-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL325108F.1