2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24009

FILED Feb 23, 2009 Secretary of State

Entity Nai	me: CLASSIC	INDUSTRIAL SERVICES, IN	C.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	IPLEX DRIVE OUGE, LA 70	809					
Current Mailing Address:			New Maili	New Mailing Address:			
	PLEX DRIVE DUGE, LA 70	809					
FEI Number:	72-1113028	FEI Number Applied For()	FEI Number Not App	icable ()	Certificate of Status D	esired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of No	ew Registered Age	ent:	
1200 S. PII	ORATION SYS NE ISLAND R ON, FL 3332	OAD					
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered of	fice or registered ag	ent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	ent	Date			
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VINING, CHAR 6748 COMPLE		Title: Name: Address: City-St-Zip:	PRES (X) BEUERLE, MAR 17341 MONITOR BATON ROUGE,	R AVENUE		
Title: Name: Address: City-St-Zip:	SD (BEADIE, WILL 1301 L'ORIEN SAINT PAUL, M	Γ DRIVE	Title: Name: Address: City-St-Zip:	SEC (X) BEADIE, WILLIA 900 SECOND AV MINNEAPOLIS, I	/E SO#1500		
Title: Name: Address: City-St-Zip:	VP (BOURGEOIS, 2990 LEEDS (ALPHARETTA,	SARDEN LANE	Title: Name: Address: City-St-Zip:	VP (X) BOURGEOIS, RO 2990 LEEDS GA ALPHARETTA, G	RDEN LANE		
Title: Name:	T (RACHEY, LOR) Delete EN	Title: Name:	TREA (X) KEUP, GREGOR	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

City-St-Zip:

1100 OLD HWY 8 NW

1100 OLD HWY 8 NW

CEO

NEW BRIGHTON, MN 55112

ANDERSON, LEE R DIRECT.

NEW BRIGHTON, MN 55112

VINING, CHARLES B CEO

744 WOODVIEW COURT

BATON ROUGE, LA 70810

(X) Change () Addition

(X) Change () Addition

SIGNATURE: CHARLES B. VINING CEO 02/23/2009

2366 ROSE PLACE

ANDERSON, LEE R

1301 L'ORIENT DR.

BEUERLE, MARK L

SAINT PAUL, MN 55113

() Delete

() Delete

SAINT PAUL, MN 551173999

17341 MONITOR AVENUE

BATON ROUGE, LA 70817

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip: