2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

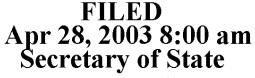
P24009 DOCUMENT #

1. Entity Name

CLASSIC INDUSTRIAL SERVICES, INC.



04-28-2003 90508 013 ***158.75



Principal Place of Business 6748 COMPLEX DRIVE Mailing Address 6748 COMPLEX DRIVE **BATON ROUGE LA 70809** BATON ROUGE LA 70809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 72-1113028 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete VINING, CHARLES B. NAME NAME 744 WOODVIEW CT. STREET ADDRESS STREET ADDRESS BATON ROUGE LA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LENARD, ROSE MARIE NAME NAME **18447 MAGNOLIA ESTATES** STREET ADDRESS STREET ADDRESS PRAIRIEVILLE LA CITY-ST-ZIP CITY-ST-ZIP **VD** TITLE ☐ Defete TITLE Change Addition BOURGEOIS, ROY P. NAME STREET ADDRESS 2990 LEEDS GARDEN L'ANE STREET ADDRESS ALPHARETTA GA 30022 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE TITLE Delete ☐ Change ☐ Addition BEUERLE, M L NAME 18615 GARDEN OAKS STREET ADDRESS STREET ADDRESS BATON ROUGE LA 70817 CITY-ST-ZIP CITY-ST-ZIP TITLE M Delete TITLE ☐ Change ☐ Addition STEVENSON, D L NAME NAME 32762 CYPRESS DR STREET ADDRESS STREET ADDRESS SPRINGFIELD LA 70462 CITY-ST-ZIP CITY~ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 or suppremental 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 for 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 the empowered.

SIGNATURE:

THE President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 Date

225-756-4450

Davtime Phone #

CR2E034 (10/02)