

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Governor's Mansion
Tallahassee, Florida 32301

APPROVED
AND
FILED

55 MAY 1 11 30 AM '95
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24391**

(5)

MPW INDUSTRIAL SERVICES, INC.

Principal Office of Registrant: 9711 LANCASTER ROAD, S.E. HEBRON OH 43025
Mailing Address: 9711 LANCASTER ROAD, S.E. HEBRON OH 43025

DO NOT WRITE IN THIS SPACE

3. Date of Registration of Agent: **05/18/1989**
3a. Date of Last Report: **06/30/1994**
4. FE Number: **31-1014212** Applied for Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has authority for intrastate business under Florida Statutes: Yes No

2. Principal Office of Registrant: 21
2a. Mailing Address: 26
22. State Agent: 27
23. City & State: 28
24. City: 25
25. County: 29
30. State:

9. Name and Address of Current Registered Agent: **CAPITOL SERVICES, SUN FED. PLACE, SUITE A-14, 345 SOUTH MAGNOLIA DRIVE, TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607 (3)(c) and 607 (15)(b), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607 (3)(c) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CEO	NAME: BLACK, MONTE R STREET ADDRESS: 1400 STRINGTOWN RD CITY: LANCASTER OH	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P	NAME: KANE, IRA O STREET ADDRESS: 181 STANBERRY AVE CITY: COLUMBUS OH	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPT	NAME: WALSH, TIMOTHY A STREET ADDRESS: 54 WOODLAND DR CITY: LUNENBURG MA	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	NAME: BLACK, MONTE R. STREET ADDRESS: 9711 LANCASTER RD., S.E. CITY: HEBRON OH	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	NAME: JOHNSTON, RICHARD P. STREET ADDRESS: 55 W. TECHNE CENTER DR. CITY: CILFORD OH	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	NAME: PHAHL, JOHN K. STREET ADDRESS: 1085 FISHINGER ROAD CITY: COLUMBUS OH	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		7. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DIRECTOR OSTROW, GENE J. 5 PORTER ROAD, APT 2 ANDOVER, MA 01810

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified to file this report as required by Chapter 607, Florida Statutes, and that my name appears in this filing as the registered agent for the corporation.

SIGNATURE: *Timothy A Walsh* - VP Finance
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (614) 427-8790