

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P24391 (5)
 1. Corporation Name
MPW INDUSTRIAL SERVICES, INC.



Principal Place of Business: **9711 LANCASTER ROAD. S.E. HEBRON OH 43025**
 Mailing Address: **9711 LANCASTER ROAD. S.E. HEBRON OH 43025**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/18/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		31-1014212	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 MAYS STREET SUITE 2 TALLAHASSEE FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature) _____ (Registered Agent signature, required when re-registering) _____ (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	<input type="checkbox"/> DELETE	1.1 TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, MONTE R		1.2 NAME	BRAD MARTIN	
STREET ADDRESS	1400 STRINGTOWN RD		1.3 STREET ADDRESS	P.O. Box 10 9711 LANCASTER ROAD	
CITY-ST-ZIP	LANCASTER OH		1.4 CITY-ST-ZIP	HEBRON, OH 43025	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, IRA O		2.2 NAME	IRA O. KANE	
STREET ADDRESS	181 STANBERY AVE		2.3 STREET ADDRESS	181 STANBERY AVE	
CITY-ST-ZIP	COLUMBUS OH		2.4 CITY-ST-ZIP	COLUMBUS, OH	
TITLE	VPCF	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUETTIN, DANIEL P		3.2 NAME		
STREET ADDRESS	8207 ROOKERY WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	WESTERVILLE OH		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, MONTE R.		4.2 NAME		
STREET ADDRESS	9711 LANCASTER RD., S.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HEBRON OH		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, TIMOTHY		5.2 NAME		
STREET ADDRESS	9711 LANCASTER RD SE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HEBRON OH		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OYSTER, BOB		6.2 NAME		
STREET ADDRESS	6600 PORT ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	GROVEPORT OH		6.4 CITY-ST-ZIP		

14. 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 annual report or biennial annual 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in the block number with an address.

SIGNATURE _____ (Signature) _____ (DATE) _____ (DATE)

CR2E034 (10/97)