


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24391
 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
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DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
1408 HAYS STREET
SUITE 2
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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BLACK, MONTE R	
STREET ADDRESS	1400 STRINGTOWN RD	
CITY-ST-ZIP	LANCASTER OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KANE, IRA O	
STREET ADDRESS	181 STANBERY AVE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	BUETTIN, DANIEL P	
STREET ADDRESS	8207 ROOKERY WAY	
CITY-ST-ZIP	WESTERVILLE OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, MONTE R.	
STREET ADDRESS	9711 LANCASTER RD., S.E.	
CITY-ST-ZIP	HEBRON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, TIMOTHY	
STREET ADDRESS	9711 LANCASTER RD SE	
CITY-ST-ZIP	HEBRON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OYSTER, BOB	
STREET ADDRESS	6600 PORT ROAD	
CITY-ST-ZIP	GROVEPORT OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bred martyn	
1.3 STREET ADDRESS	PO Box 10	
1.4 CITY-ST-ZIP	Hebron OH 43025	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 supplemental 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 receiver 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** Date: **4/14/99** Daytime Phone #: **740-927-8780**

CR2E034 (11/98)