2001 UNIFORM BUSINESS REPORT-(UBR) FILED Feb 19, 2001 8:00 am **DOCUMENT # P24391** 1. Entity Name Secretary of State MPW INDUSTRIAL SERVICES, INC. 02-19-2001 90273 018 ***150.00 Principal Place of Business Mailing Address 9711 LANCASTER ROAD, S.E. 10814 S NAPLES CT HEBRON OH 43025 JACKSONVILLE FL 32218 DOOLOGOOD 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 31-1014212 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CFO 19 Addition hick hable TITLE Change CE₀ ☐ Delete TITLE NAME 2040 Lane Rd NAME BLACK, MONTE R Columbus, OH STREET ADDRESS STREET ADDRESS 1400 STRINGTOWN RD CITY-ST-ZIP CITY-ST-ZIP LANCASTER_OH TITLE ☐ Delete TITLE NAME NAME KANE, IRA O Granville OH STREET ADDRESS STREET ADDRESS 181 STANBERY AVE CITY-ST-78P CITY-ST-ZIP COLUMBUS OH . Addition. ___ Change Director TITLE VPCF. TITLE NAME NAME BUETTIN, DANIEL P tred triedmas STREET ADDRESS STREET ADDRESS 8207 ROOKERY WAY CITY-ST-ZIP CITY-ST-ZIP WESTERVILLE OH ☐ Change □ Addition Director Delete TITLE TITLE Rote Klisanes NAME NAME BLACK, MONTE R. STREET ADDRESS STREET ADDRESS 34 Lowerl 9711 LANCASTER RD., S.E. CITY-ST-ZIP esterile OH 43081 CITY-ST-ZIP HEBRON OH ____Addition Change TITLE □ Delete TITLE NAME WALSH, TIMOTHY NAME STREET ADDRESS STREET ADDRESS 9711 LANCSTER RD SE CITY-ST-ZIP CITY-ST-ZIP HEBRON OH ☐ Addition Change Delete TITLE TITLE VP NAME NAME MARTYN, BRAD

13. I hereby certify that the information supplied with this filling 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 supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

9711 LANCASTER RD SE

HEBRON OH 43025

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #