

04-28-2003 91457 005 ***150.00

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

90113600

DOCUMENT # P24391 1. Entity Name MPW INDUSTRIAL SERVICES, INC.					
Principal Place of Business 10814 S NAPLES CT JACKSONVILLE, FL 32218		Mailing Address 9711 LANCASTER ROAD, S.E. HEBRON, OH 43025			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1014212	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent's signature required when substituting) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.	
TITLE: CEO NAME: BLACK, MONTE R STREET ADDRESS: 1400 STRINGTOWN RD CITY-ST-ZIP: LANCASTER, OH		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: VP NAME: MOCK, JAMES STREET ADDRESS: 7535 SPRINGMILL DRIVE CITY-ST-ZIP: CANAL WINCHESTER, OH 43110		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: CFO NAME: KAHLE, RICK STREET ADDRESS: 2040 LANE ROAD CITY-ST-ZIP: COLUMBUS, OH 43220		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: VP NAME: KAHLE, RICK STREET ADDRESS: 2040 LANE RD CITY-ST-ZIP: COLUMBUS, OH 43220		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: D NAME: WALSH, TIMOTHY STREET ADDRESS: 9711 LANCASTER RD SE CITY-ST-ZIP: HEBRON, OH		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: D NAME: FRIEDMAN, ALFRED STREET ADDRESS: 9711 LANCASTER RD SE CITY-ST-ZIP: HEBRON, OH 43025		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
SIGNATURE: <i>Richard Kahle</i> Richard Kahle 4/23/03 740-927-8790 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE					

CR2E034 (10/02)