## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am Secretary of State DOCUMENT # P30596 1. Entity Name ANGELICA TEXTILE SERVICES, INC. 05-27-2002 90358 012 \*\*\*150 00 Principal Place of Business Mailing Address 424 S WOODS MILL RD 424 S WOODS MILL RD CHESTERFIELD MO 63016-3406 CHESTERFIELD MO 63017-3406 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1096508 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ANDEREGA; PAUL R NAME STREET ADDRESS 424 S WOODS MILL RD STREET ADDRESS CITY-ST-ZIP CHESTERFIELD MO 63017 CITY-ST-ZIP TITI F **EVP** Delete TITLE Change ☐ Addition NAME HARRIS, PHIL A. NAME STREET ADDRESS 424 S WOODS MILL RD STREET ADDRESS CITY-ST-ZIP CHESTERFIELD MO 63017 CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change Addition NAME FREY, STEVEN L NAME STREET ADDRESS 424 S WOODS MILL RD STREET ADDRESS CITY-ST-ZIP CHESTERFIELD MO 63017 CITY-ST-ZIP TITLE **VD** ☐ Delete TITLE ☐ Change ☐ Addition NAME ARMSTRONG, T. M. NAME STREET ADDRESS 424 S WOODS MILL RD STREET ADDRESS CITY-ST-ZIP CHESTERFIELD MO CITY-ST-7IP TD Delete TITLE ☐ Change ☐ Addition NAME SHAFFER, JAMES W NAME STREET ADDRESS 424 S WOODS MILL RD STREET ADDRESS CITY-ST-ZIP CHESTERFIELD MO CITY-ST-ZIP TITLE ASD Delete TITLE ☐ Change Addition SHAFFER, JAMES W NAME STREET ADDRESS 424 S WOODS MILL RD STREET ADDRESS CITY-ST-7IP CHESTERFIELD MO CITY-ST-ZIP

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 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 it ith an address, with all other like empowered.

SIGNATURE:

Frey Secretary 4/26/02