
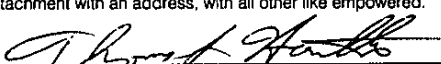


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90301 040 ***150.00

DOCUMENT # P30596 1. Entity Name ANGELICA TEXTILE SERVICES, INC.					
Principal Place of Business 424 S WOODS MILL RD CHESTERFIELD, MO 63016-3406 US			Mailing Address 424 S WOODS MILL RD CHESTERFIELD, MO 63017-3406 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-1096508	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDEREGG, PAUL R <input checked="" type="checkbox"/> Delete 424 S WOODS MILL RD CHESTERFIELD, MO 63017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VAN VLIET, DAVID A. 424 S WOODS MILL RD CHESTERFIELD, MO. 63017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREY, STEVEN L <input type="checkbox"/> Delete 424 S WOODS MILL RD CHESTERFIELD, MO 63017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition O'HARA, STEPHEN M. 424 S WOODS MILL RD CHESTERFIELD, MO. 63017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIORILLO, RICHARD M <input type="checkbox"/> Delete 424 SOUTH WOODS MILL RD CHESTERFIELD, MO 63017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WATSON, WILLIAM R. 424 S. WOODS MILL RD CHESTERFIELD, MO. 63017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAFFER, JAMES W <input checked="" type="checkbox"/> Delete 424 S WOODS MILL RD CHESTERFIELD, MO		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARTKE, THOMAS L 424 S WOODS MILL RD. CHESTERFIELD, MO. 63017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SHAFFER, JAMES W <input type="checkbox"/> Delete 424 S WOODS MILL RD CHESTERFIELD, MO		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHAFFER, JAMES W. 424 S WOODS MILL RD CHESTERFIELD, MO. 63017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/3/06 Daytime Phone # 314 854-3803		