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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		Andrea martine and information of				<del>=3</del>	=		_	
	RPORAT ∜STATEŅ	20 700 2 100		DEPARTUREN Secretary of SI ISION OF CORPOR	tate	031	FILED HOV 24 AM 9:	09	`	
<b>1.</b> Corpor	UMENT ration Name	# <i>7 (</i>	787	in a Con	W 0 0 10 1 1	SE TALI	CRETARY OF ST LAHASSEE, FLI	TATE ORIDA		
m	ateri	al and Fue	el Serv	nees wr	npariy					
2. Princip	al Office Addr OSC	edale Ave.	3. Mailing C	Office Address Samu	y R	einst <i>i</i>	atewen	101-5	3	
Suite, Apt. Suit			Suite, Apt. #,	etc.		4. Date Incorp	porated or Qualified iness in Florida	3/4/92		
City & State	aleton	un, PA	City & State		4.6°24	5. FEI Numbe		Applied		
170	57	Country US	Zip	Count	ry	6.	E OF STATUS DESIRED	0.75	265.75	
	7. Name and Address of Current Registered Agent 1 0 0 2 4 0 6 4 4 4 1 11/25/03 - 01021 - 021 **300.00 11/25/03 - 01021 - 021 **300.00 11/25/03 - 01021 - 021 **300.00 Street Address (P.O. Box Number is Not Acceptable) 1 0 0 0 2 4 0 6 4 4 1 10/24/03 - 01014 - 003 **750.00 Suite, Apt. #, Etc.									
<b>B.</b> I, being Signature o	appointed the	e registered agent of the about	me_		ith and accept the of JAMES NEWS L ASSISTANT	SOME	/1	<u> </u>		
9. Names	s and Street A	ddresses of Each Officer and	l/or Director (Flo	orida nonprofit corpor	ations must list at le	ast 3 directors)	<u> </u>			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
	See A	Hached								
		Name Marchide part V					-		:	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: 🗸

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



# Material Services Company, Inc. Officers Listing

## President:

Jeffery McDougle 4019 Kloman St Annandale, VA 22003

## Vice Presidents:

Terry Petrun 4440 Saybrook Lane ---Harrisburg, PA 17110

Scott Strohm, VP-Finance 6269 Withers Road Harrisburg, PA 17112

#### Corporate Secretary:

Jennifer McGarey 8261 Toll House Road Annandale, VA 22003

## Directors:

Neal Cohen 2345 Crystal Drive Arlingon, VA 22227

Keith Houk 110 Pelham Road Camp Hill, PA

John Leanard

Piedmont-Airlines, Inc. 5443 Airport Terminal Road Salisbury, MD 21804

Richard Pfennig PSA Airlines 3400 Terminal Drive Vandalia, OH 45377

S. Michael Scheeringa 2345 Crystal Drive Arlington, VA 22227