

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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**Apr 23 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F97000001511 (1)**

1. Corporation Name  
**MAINTENANCE AND INDUSTRIAL SERVICES, INC.**



Principal Place of Business: **3353 MICHELSON DR., STE. 330D IRVINE CA 92698**  
Mailing Address: **3353 MICHELSON DR., STE. 330D IRVINE CA 92698**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3353 MICHELSON DRIVE</b>		2a. Mailing Address <b>26 3353 MICHELSON DRIVE</b>		3. Date Incorporated or Qualified <b>03/24/1997</b>	
Suite, Apt. #, etc. <b>22 551M</b>		Suite, Apt. #, etc. <b>27 551M</b>		4. FEI Number <b>33-0432280</b>	
City & State <b>23 IRVINE, CA</b>		City & State <b>28 IRVINE, CA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 92698</b>	Country <b>25 USA</b>	Zip <b>29 92698</b>	Country <b>30 USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code <b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS FISHER, L.N.</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3353 MICHELSON DR. IRVINE CA 92698</b>	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>P MURDOCK, D.M.</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100 FLUOR DANIEL DR. GREENVILLE SC 29607</b>	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>V PITTMAN, J.E.</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100 FLUOR DANIEL DR. GREENVILLE SC 29607</b>	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>AT ELLIOTT, S.R.</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3353 MICHELSON DR. IRVINE CA 92698</b>	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**T.H. MORROW, ASST. TREASURER 4/9/98 (714) 975-6944**

CR2E034 (10/97)