

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001511

1. Entity Name

MAINTENANCE AND INDUSTRIAL SERVICES, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90182 014 ***150.00

Principal Place of Business 3353 MICHELSON DR., STE. 330D 551M IRVINE CA 92698 US	Mailing Address 3353 MICHELSON DR., STE. 330D 551M IRVINE CA 92612-0650 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ONE ENTERPRISE DR. Suite, Apt. #, etc. F&B City & State ALISO VIEJO CA Zip 92656 Country US	3. Mailing Address ONE ENTERPRISE DR. Suite, Apt. #, etc. F&B City & State ALISO VIEJO CA Zip 92656 Country US
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4. FEI Number 33-0432280	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FISHER, L.N. 3353 MICHELSON DR. IRVINE CA 92698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, H.R. 100 FLUOR DANIEL DR. GREENVILLE SC 29607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HULL, S.F. 3353 MICHELSON DRIVE IRVINE CA 92698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MORROW, T.H. 3353 MICHELSON DR. IRVINE CA 92698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE ENTERPRISE DR. ALISO VIEJO CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE ENTERPRISE DR. ALISO VIEJO CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE ENTERPRISE DR. ALISO VIEJO CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V WALTON, M. H. 100 FLUOR DANIEL DR. GREENVILLE SC 29607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO HAKE, R. F. ONE ENTERPRISE DR. ALISO VIEJO CA 92656

13. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.H. MORROW T.H. MORROW, ASST. TREASURER 2/15/2000 (949) 349-4031
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)