| No. <b>C 181291</b>                                                                                               |      | Due no later than Dec 31, 2012                                                                                         |                        |  | 2. Registered Agent and Address (NO PO BOX)       |       |         |             |
|-------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------|------------------------|--|---------------------------------------------------|-------|---------|-------------|
| Return to:                                                                                                        |      | Annual Report Form                                                                                                     |                        |  | CT CORPORATION SYSTEM                             |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                  |      | 1. Mailing Address: Correct in this box if needed.                                                                     |                        |  | 1111 W JEFFERSON STE 530<br>BOISE ID 83702<br>USA |       |         |             |
|                                                                                                                   |      | NORTH AMERICAN INDUSTRIAL SERVICES, INC.<br>CHRISTOPHER M SCARINGE<br>1240 SARATOGA RD<br>BALLSTON SPA NY 12020<br>USA |                        |  |                                                   |       |         |             |
|                                                                                                                   |      |                                                                                                                        |                        |  | 3. New Registered Agent Signature:*               |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                                          |      |                                                                                                                        |                        |  |                                                   |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |      |                                                                                                                        |                        |  |                                                   |       |         |             |
| Office Held                                                                                                       | Name |                                                                                                                        | Street or PO Address   |  | City                                              | State | Country | Postal Code |
| PRESIDENT                                                                                                         |      |                                                                                                                        | 5 ETON COURT           |  | SARATOGA<br>SPRINGS                               | NY    | USA     | 12866       |
| SECRETARY                                                                                                         |      |                                                                                                                        | 16 DUTCH MEADOWS DRIVE |  | COHOES                                            | NY    | USA     | 12047       |
| 5. Organized Under the Laws of: 6. Annual Rep                                                                     |      |                                                                                                                        | et be signed.*         |  |                                                   |       |         |             |
| NY<br>C 181291                                                                                                    |      | Signature: Christopher Scaringe                                                                                        |                        |  | Date: 11/26/2012                                  |       |         |             |
|                                                                                                                   |      | Name (type or print): Christopher Scaringe                                                                             |                        |  | Title: Secretary                                  |       |         |             |
| Processed 11/26/2012 * Electronically provided signatures are accepted as original signatures.                    |      |                                                                                                                        |                        |  |                                                   |       |         |             |