



2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90211 027 ***150.00

DOCUMENT # F0600006358					
1. Entity Name NATIONAL ELEVATOR INSPECTION SERVICES, INC.					
Principal Place of Business 2300 MILLPARK DRIVE, STE 100 MARYLAND HEIGHTS, MO 63043			Mailing Address ATTN BURTON K. HAIMES, ESQ. 666 FIFTH AVE, #2139 NEW YORK, NY 10103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o ORRICK, ATTN: B. HAIMES			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 666 FIFTH AVE., #2139			
City & State		City & State NEW YORK, NY		4. FEI Number 76-0831999	
Zip		Zip 10103		Country USA	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DC PIEDELIEVRE, FRANK 17 BIS, PL DES REFLETS-LA DEFENSE 2 92400 COURBEVOIE, FRANCE, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TARDAN, FRANCOIS 17 BIS, PL DES REFLETS-LA DEFENSE 2 92400 COURBEVOIE, FRANCE, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCHACK, JAMES A 2300 MILLPARK DRIVE, STE 100 MARYLAND HEIGHTS, MO 63043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WRIGHT, DICKERSON C 7895 CONVOY CT #18 SAN DIEGO, CA 92111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAIMES, BURTON K 666 FIFTH AVENUE #2139 NEW YORK, NY 10103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP TONG, RICHARD 11860 W STATE ROAD 84 STE 1 FT LAUDERDALE, FL 33325 <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: 		Burton K. Haimes		4-26-07 (212) 506-5055	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40086690



04192007 Chg-P CR2E034 (12/06)

ATTACHMENT
40086698

DOCUMENT # F06000006358

Entity Name: NATIONAL ELEVATOR INSPECTION SERVICES, INC.

Annex to Florida 2007 For Profit Corporation Annual Report

Block 11 – Additional Officer

Title	FINANCIAL CONTROLLER
Name	DAMASCENO, LUIS
Address	11860 W. STATE ROAD 84, STE. 1 FORT LAUDERDALE, FL 33325