

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002542

**Entity Name:** NATIONAL GOVERNMENT SERVICES, INC.

**Current Principal Place of Business:**

8115 KNUE ROAD  
INDIANAPOLIS, IN 46250

**Current Mailing Address:**

220 VIRGINIA AVENUE  
INDIANAPOLIS, IN 46204 US

**FEI Number:** 35-1840597

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SLASH, JOSEPH A  
Address 777 INDIANA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46202

Title DIRECTOR  
Name ETHINGTON, KAREN  
Address 2655 NORTH MAYFAIR ROAD  
City-State-Zip: MILWAUKEE WI 53226

Title DIRECTOR  
Name MILLER, SANDRA H  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY  
Name KIEFER, KATHLEEN S  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER  
Name SCHER, VINCENT E  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name LANTZ, BENJAMIN  
Address 157 SAWMILL CREEK ROAD  
City-State-Zip: PICKENS SC 29671

Title DIRECTOR  
Name WILLIS, EARNESTINE  
Address 8900 NORTH TENNYSON DRIVE  
City-State-Zip: BAYSIDE WI 53217

Title DIRECTOR, PRESIDENT, CHAIRMAN  
Name SMALL, KURT  
Address 8115 KNUE ROAD  
City-State-Zip: INDIANAPOLIS IN 46250

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN KIEFER

**SECRETARY**

**06/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name DAVIS, CARROLL B  
Address 8115 KNUE ROAD  
City-State-Zip: INDIANAPOLIS IN 46250

Title ASST. SECRETARY  
Name FLEISCHER, RACHEL  
Address 8115 KNUE ROAD  
City-State-Zip: INDIANAPOLIS IN 46250

Title ASST. TREASURER  
Name NOBLE, ERIC  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. SECRETARY  
Name SQUIER, ROBERT  
Address 8115 KNUE ROAD  
City-State-Zip: INDIANAPOLIS IN 46250