

2013 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:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

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 D
Name BEER, LORI S
Address 4361 IRWIN SIMPSON
City-State-Zip: MASON OH 45040

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

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

Title DIRECTOR
Name MILLER, SANDRA H
Address 8115 KNUE ROAD
City-State-Zip: INDIANAPOLIS IN 46250

Title S
Name KIEFER, KATHLEEN S
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title T
Name KRETSCHMER, R. DAVID
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT
Name KAPP, MICHAEL D
Address 8115 KNUE ROAD
City-State-Zip: INDIANAPOLIS IN 46250

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

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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 S. KIEFER

SECRETARY

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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