

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002542

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

**Current Principal Place of Business:**

6345 CASTLEWAY CT.  
INDIANAPOLIS, IN 46250

**Current Mailing Address:**

6345 CASTLEWAY CT.  
INDIANAPOLIS, IN 46250 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           CHAIRPERSON  
Name           CONN, ANDREW  
Address       6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title           PRESIDENT  
Name           CONN, ANDREW  
Address       6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title           ASSISTANT TREASURER  
Name           WOODWARD, TRACE  
Address       6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title           DIRECTOR  
Name           SLASH, JOSEPH A.  
Address       6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title           DIRECTOR  
Name           WILLIS, EARNESTINE M.D.  
Address       6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title           DIRECTOR  
Name           LANTZ, JR., G. BENJAMIN PH.D.  
Address       6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title           SECRETARY  
Name           KIEFER, KATHLEEN SUSAN  
Address       6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title           DIRECTOR  
Name           ETHINGTON, KAREN E.  
Address       6345 CASTLEWAY CT.  
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 SUSAN KIEFER

**SECRETARY**

**03/15/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MILLER, SANDRA HAMILTON  
Address 6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title TREASURER  
Name SCHER, VINCENT EDWARD  
Address 6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title DIRECTOR  
Name CONN, ANDREW  
Address 6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title ASSISTANT TREASURER  
Name NOBLE, ERIC KENNETH  
Address 6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250

Title ASSISTANT SECRETARY  
Name FLEISCHER, RACHEL  
Address 6345 CASTLEWAY CT.  
City-State-Zip: INDIANAPOLIS IN 46250