

**2016 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 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 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

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

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

**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 S. KIEFER**

**SECRETARY**

**04/19/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            DEVEYDT, WAYNE S  
Address        120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204