## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F00000007101

1. Entity Name

NAS RECRUITMENT COMMUNICATIONS, INC.

FILED Feb 22, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

ONE INFINITY CORP. CTR DR CLEVELAND, OH 44125 ONE INFINITY CORP. CTR DR CLEVELAND, OH 44125



02182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 34-1928220

Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>							
SIGNATURE	Signature, typed or printed marrie of registered agent and tilled	f applicable (FIOTE: A	egislereri Ageni signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees					
10, OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMERA, NICHOLAS J 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10021				U00000834665		
TITLE NAME STREET ADDRESS CITY: ST-ZIF	T JOHNSON. ELLEN 136 MADISON AVENUE NEW YORK. NY 10016				02/29/08-80001-014 150.00		
TITLE FLAME STREET ADDRESS CITY-ST-ZIP	V CONTE, ALBERT 136 MADISON AVENUE NEW YORK, NY 10016			DO	NOT WRITE		
THLE NAME STREET ADDRESS CITY-SI-ZIP	S CAMERA, NICHOLAS J 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10021			IN '	THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	VAST MILLER, JAMES M ONE INFINITY CORPORATE CENTRE CLEVELAND, OH 44125	E DR					
TITLE					·		

12. Thereby 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:

NAME STREET ADORESS CITY-ST-ZIF

TURE ANDITYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-08

216-478-0300

Date

Daytime Phone #