

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002555

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: NATIONAL CONTROL SERVICES, INC.

## Current Principal Place of Business:

1514 JABEZ RUN  
SUITE 103  
MILLERSVILLE, MD 21108

## New Principal Place of Business:

## Current Mailing Address:

1514 JABEZ RUN  
SUITE 103  
MILLERSVILLE, MD 21108

## New Mailing Address:

FEI Number: 52-1845938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAY, DAVID FOP  
133 FLAGSHIP DRIVE  
LUTZ, FL 33549 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON, DIXIE  
Address: 111 CRESSTON ROAD  
City-St-Zip: ARNOLD, MD 21012

Title: S ( ) Delete  
Name: WILSON, ELIZABETH  
Address: 111 CRESSTON ROAD  
City-St-Zip: ARNOLD, MD 21012

Title: SVP ( ) Delete  
Name: WILSON, JACK JR.  
Address: 116 TAYLOR ROAD  
City-St-Zip: CENTREVILLE, MD 21617

Title: VPFO ( ) Delete  
Name: DUNN, RONALD  
Address: 2750 OLD LIBERTY ROAD  
City-St-Zip: NEW WINDSOR, MD 21776

Title: VPSS ( ) Delete  
Name: WILSON, WILLIAM III  
Address: 44 ARLENE DRIVE  
City-St-Zip: HANOVER, PA 17331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACK WILSON JR

SVP

03/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date