

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002555

FILED
Jun 25, 2009
Secretary of State

Entity Name: NATIONAL CONTROL SERVICES, INC.

Current Principal Place of Business:

1514 JABEZ RUN
SUITE 103
MILLERSVILLE, MD 21108

Current Mailing Address:

1514 JABEZ RUN
SUITE 103
MILLERSVILLE, MD 21108

New Principal Place of Business:

1121 BENFIELD BLVD.
SUITE Q
MILLERSVILLE, MD 21108

New Mailing Address:

1121 BENFIELD BLVD.
SUITE Q
MILLERSVILLE, MD 21108

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:

MAY, DAVID FOP
1029 AUDUBON WAY
LAKELAND, FL 33809 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:

06/25/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: CEO (X) Change () Addition
Name: WILSON, DIXIE
Address: 111 CRESSTON ROAD
City-St-Zip: ARNOLD, MD 21012

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

Title: P (X) Change () Addition
Name: WILSON, JACK JR.
Address: 116 TAYLOR ROAD
City-St-Zip: CENTREVILLE, MD 21617

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

P

06/25/2009

Electronic Signature of Signing Officer or Director

Date