2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# F06000003816

Entity Name: NRM SERVICES, INC.

Current Principal Place of Business:

4320 WINFIELD RD STE 200
WARRENVILLE, IL 60555

New Principal Place of Business:

Current Mailing Address:

4320 WINFIELD RD STE 200
WARRENVILLE, IL 60555

New Mailing Address:

FEI Number: 20-4426108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	C	( ) Delete
Name:	LOPEZ, BENIGNO	
Address:	3003 SUMMIT BLVD	
City-St-Zip:	ATLANTA, GA 30319	
Title:	VCS	( ) Delete
Name:	GONZALEZ, RICARDO	
Address:	3003 SUMMIT BLVD	
City-St-Zip:	ATLANTA, GA 30319	
Title:	DP	( ) Delete
Name:	SMITH, LAWRENCE W	
Address:	4320 WINFIELD RD STE 200	
City-St-Zip:	WARRENVILLE, IL 60555	
Title:	V	( ) Delete
Name:	SMITH, SUSAN	
Address:	4320 WINFIELD RD STE 200	
City-St-Zip:	WARRENVILLE, IL 60555	
Title:	D	( ) Delete
Name:	VEGA, FERNANDO H	
Address:	BLDV DIAZ ORDAZ KM 333, PLAZA LEONA SECCIN	
City-St-Zip:	GARZA GARCIA NL 62210 MEXICO,	
Title:	DT	( ) Delete
Name:	SAPIEN, JORGE	
Address:	BLDV DIAZ ORDAZ KM 333, PLAZA LEONA SECCIN	
City-St-Zip:	GARZA GARCIA NL 62210 MEXICO,	

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:	
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: SUSAN SMITH VP 04/27/2007

Electronic Signature of Signing Officer or Director — Date