

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90787 038 \*\*\*150.00

FORM 2002 AT

**DOCUMENT # F93000000032**

1. Entity Name  
**NESCO INC., OF DELAWARE**

Principal Place of Business <b>6140 PARKLAND BLVD.          SUITE 110          MAYFIELD HEIGHTS OH 44124</b>	Mailing Address <b>6140 PARKLAND BLVD.          SUITE 110          MAYFIELD HEIGHTS OH 44124</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>34-1603216</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <input type="checkbox"/> Delete <b>TOMSICH, ROBERT J</b> <b>6140 PARKLAND BLVD.</b> <b>MAYFIELD HEIGHTS OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>TOMSICH, JOHN R</b> <b>6140 PARKLAND BLD SUITE 110</b> <b>MAYFIELD HEIGHTS OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>RZICZNEK, FRANK J</b> <b>6140 PARKLAND BLVD.</b> <b>MAYFIELD HEIGHTS OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <input type="checkbox"/> Delete <b>SWEENEY, DAVID M</b> <b>6140 PARKLAND BLVD.</b> <b>MAYFIELD HEIGHTS OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <input type="checkbox"/> Delete <b>BRAINARD, PATRICK J</b> <b>6140 PARKLAND BLVD SUITE 110</b> <b>MAYFIELD HTS OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John Tomsich</b> <b>6140 Parkland Blvd.</b> <b>Mayfield Hts., OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick J Brainard **REQUIRED** *1/14/02* *(440) 461-6000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/01)