


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000000032 1. Entity Name NESCO INC., OF DELAWARE		
Principal Place of Business 6140 PARKLAND BLVD. SUITE 110 MAYFIELD HEIGHTS, OH 44124	Mailing Address 6140 PARKLAND BLVD. SUITE 110 MAYFIELD HEIGHTS, OH 44124	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TOMSICH, ROBERT J 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMSICH, JOHN R 6140 PARKLAND BLD SUITE 110 MAYFIELD HEIGHTS, OH 44124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RZICZNEK, FRANK J 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SWEENEY, DAVID M 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRAINARD, PATRICK J 6140 PARKLAND BLVD SUITE 110 MAYFIELD HTS, OH 44124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Patrick J Brainard</u> V.P. <u>4/16/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1603216 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U000000149783
05/03/04-80197-021 150.00

**DO NOT WRITE
IN THIS SPACE**