


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 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
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05022005 No Chg-P CR2E034 (10/03)

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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

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	

000000362172
05/05/05-80107-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick J. Brainard V.P. 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #