

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000032

Entity Name: NESCO INC., OF DELAWARE

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

6140 PARKLAND BLVD.
SUITE 110
MAYFIELD HEIGHTS, OH 44124

New Principal Place of Business:

Current Mailing Address:

6140 PARKLAND BLVD.
SUITE 110
MAYFIELD HEIGHTS, OH 44124

New Mailing Address:

FEI Number: 34-1603216

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: PCD () Delete
Name: TOMSICH, ROBERT J
Address: 6140 PARKLAND BLVD.
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: VD () Delete
Name: TOMSICH, JOHN R
Address: 6140 PARKLAND BLD SUITE 110
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: V () Delete
Name: RZICZNEK, FRANK J
Address: 6140 PARKLAND BLVD.
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: AS () Delete
Name: SWEENEY, DAVID M
Address: 6140 PARKLAND BLVD.
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: VS () Delete
Name: BRAINARD, PATRICK J
Address: 6140 PARKLAND BLVD SUITE 110
City-St-Zip: MAYFIELD HTS, OH 44124

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:

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: PATRICK J. BRAINARD

VP

03/11/2009

Electronic Signature of Signing Officer or Director

Date