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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name NMTC. INC

MENT # F93000002360 (6)

FILED Apr 09 1998 8:00am Secretary of State

NMIC,	INC.											
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·	Ma	ailing Address				-	U HODOLOGI OLIKO IRISAN ULUU ODUKI OOLIK RAKUU O		LEGAL INSE 6	HARI ODRI IDDI
4403 ALLEN				403 ALLEN ROAD								
STOW OH 44				TOW OH 44224								
1									DO NOT WRITE IN	THIS S	PACE	
1								3.	Date Incorporated or Qualified			
			.					<u> </u>	05/10/1993			
· ·	Place of Business		—	Mailing Address				4.	FEI Number			pplied For
Suite, Apt	# atc		26	Cuito Ant # ata				 	34-1728074			tot Applicable
22	w, e.c.		27	Suite, Apt. #, etc.			5.	Certificate of Status Desired			Additional lequired	
City & Stat	e		21	City & State				+	Election Campaign Financing			May Be
23			28					·			to Fees	
Zip	Co	untry	1	Zip Country		,	+	This corporation owes or has paid				
24	25		29		30			•	Personal Property Tax due June 30	_		∑ No
		ddress of Current F	Regisi	lered Agent		Ĺ.,		10.	Name and Address of New Regis	tered A	gent	
	CORPORATION					B1	Name					
	DO S. PINE ISLAN					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
l Pu	ANTATION FL 33:	524										
						83						
						84	City				85 Zip	Code
44 Durayant	to the provisions of	Continue COZ OLOG		07.4500 Floride Olebe						FL	<u> </u>	
office or i	registered agent, or	both, in the State of	Floriç	ar. Ious, Florida Statut Ia. Such change was a	es, the a authorize	d by	e-named corpo the corporation	oration on's b	n submits this statement for the purp loard of directors. I hereby accept the	ose of a ne appo	changing i intment as	ts registered
agent la	im familiar with, and	accept the obligation	ons of	, Section 607.0505, Flo	orida Sta	tutes	3.					
SIGNATURE	Standard typed or printed	name of registered agent is	enel Inte	it anulcuble (NOT	F · Pagistare	d Age	ent signature required	d when	re-netation)	DATE		
12.	organitate, typical or provide	OFFICERS AND D			13.	U Age	in signature required		ADDITIONS/CHANGES TO OFFICER		DIRECTO	AS IN 12
TITLE	D			DELETE	1.1 1	TLE			***************************************		Change	Addition
NAME	SHERMAN, GE				1.2 N	AME						i
STREET ADDRESS	1250 24TH ST				1.3 S	TREET.	ADDRESS					İ
CITY-ST-ZIP	WASHINGTON	DC 20037			1.4 C	ITY - \$1	T-ZIP					
TITLE	SD			☐ DELÉTÉ	2.1 Ti	TLE					Change	Addition
NAME	BRANNAN, C.				2.2 N	AME						
STREET ADDRESS	1250 24TH ST				2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	WASHINGTON	DC 20037			_		ST-ZIP					
TITLE	D Ditkoff, Jam	re u		☐ DELETE	3.1 TI					L	Change	Addition
NAME	1250 24TH ST				3.2 N							
STREET ADDRESS	WASHINGTON						ADDRESS					
CITY-ST-ZIP TITLE	P	DO 20001		DELETE	_		ST - ZIP			······································	Change	Addition
NAME	WILLIS, THOM	AS N		CT DECEIE	4.1 TI 4. 2 N					i	Change	Addition
STREET ADDRESS	4403 ALLEN R						ADDRESS					
CITY-ST-ZIP	STOW OH	-					'					
TITLE	T			DELETE	5.1 TI	TLE	1-60				Change	Addition
NAME	MICHAUD, RA'	YMOND J			5.2 N					•		
STREET ADDRESS	4403 ALLEN R	OAD			•		ADDRESS					
CITY-ST-ZIP	STOW OH 442	24				ITY-SI						
TITLE				DELETE	6.1 TI						Change	Addition
NAME					6.2 N	AME					•	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					6.4 C	ITY-ST	T-ZIP					ļ
	certify that the inform	ation supplied with	this fi	ling does not qualify fo	or the exi	emot	tion stated in S	Section	n 119.07(3)(i). Florida Statutes. I furi	her cert	ify that the	information

4. 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 annual report or supplemental annual 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 12 or Block 13 if chapters or on an attachment with an ardress.

SIGNATURE

1/2/21

RAYMOND J. MICHAUD

(330)929-4949

. NMTC, INC. 4403 ALLEN ROAD STOW, OHIO 44224

OFFICERS

S.S.#	220-50-4555	046-36-8832	257-76-3432
TITE	Secretary	Treasurer	President
ADDRESS	1250 24th St., N.W. Washington, DC 20037	4403 Allen Road Stow, Ohio 44224	4403 Allen Road Stow, Ohio 44224
NAME	C. Scott Brannan	Raymond J. Michaud	Thomas N. Willis

5/20/96

NMTC, INC. 4403 ALLEN ROAD STOW, OHIO 44224

DIRECTORS

8.8.	066-38-2947	220-50-4555	100-32-8707
CITY, STATE AND ZIP	Washington, DC 20037	Washington, DC 20037	Washington, DC 20037
STREET	1250 24th Street, N.W.	1250 24th Street, N.W.	1250 24th Street, N.W.
NAME	James H. Ditkoff	C. Scott Brannan	George M. Sherman