

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002360

1. Entity Name  
NMTC, INC.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90057 047 \*\*\*150.00

Principal Place of Business

Mailing Address

4403 ALLEN ROAD  
STOW OH 44224

4403 ALLEN ROAD  
STOW OH 44224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1728074**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHERMAN, GEORGE M	
STREET ADDRESS	1250 24TH STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCMAHON, CHRISTOPHER C	
STREET ADDRESS	1250 24TH STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE	D	<input type="checkbox"/> Delete
NAME	DITKOFF, JAMES H	
STREET ADDRESS	1250 24TH STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIS, THOMAS N	
STREET ADDRESS	4403 ALLEN RD	
CITY-ST-ZIP	STOW OH	
TITLE	T	<input type="checkbox"/> Delete
NAME	MICHAUD, RAYMOND J	
STREET ADDRESS	4403 ALLEN ROAD	
CITY-ST-ZIP	STOW OH 44224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLENDER, PATRICK W.	
STREET ADDRESS	1250 24TH STREET N.W.	
CITY-ST-ZIP	WASHINGTON, DC 20037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST. SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWERTNER, CHARLES A.	
STREET ADDRESS	5335 AVION PARK DR.	
CITY-ST-ZIP	HIGHLAND HEIGHTS, OHIO	

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:

*Raymond J. Michaud*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND J. MICHAUD 3/20/01 (330) 929-4949

Date

Daytime Phone #

CR2E034 (10/00)