


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000002360</b> 1. Entity Name NMTC, INC.	
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Principal Place of Business 4403 ALLEN ROAD STOW, OH 44224	Mailing Address 4403 ALLEN ROAD STOW, OH 44224
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**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 34-1728074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000055751 02/18/04-80017-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLENDER, PATRICK W 2099 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMAHON, CHRISTOPHER C 2099 PENNSYLVANNIA AVE., NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITKOFF, JAMES H 2099 PENNSYLVANIA AVE., NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIS, THOMAS N 4403 ALLEN RD STOW, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAUD, RAYMOND J 4403 ALLEN ROAD STOW, OH 44224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST SCHWERTNER, CHARLES A 6095 PARKLAND BLVD., #310 MAYFIELD HEIGHTS, OH 44124

**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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/10/04	RAYMOND J. MICHAUD	(330) 929-4949
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