

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000002360**

1. Entity Name  
NMTc, INC.



Principal Place of Business

4403 ALLEN ROAD  
STOW, OH 44224

Mailing Address

4403 ALLEN ROAD  
STOW, OH 44224



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

CT CORPORATION SYSTEM  
1200 S. 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMAS, DANIEL L 2099 PENNSYLVANIA AVE., NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS O'REILLY, JAMES 2099 PENNSYLVANNIA AVE., NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUTZ, ROBERT S 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 HILL, THOMAS M 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

U00000929605  
05/21/08-80074-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

THOMAS M. HILL / TREASURER

4-25-08

330-926-5541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #