

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90069 002 ***150.00

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**

30022733



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **34-1728074**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALLENDER, PATRICK W**
CITY-ST-ZIP **2099 PENNSYLVANIA AVE., N.W.
WASHINGTON DC 20-006X**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **WASHINGTON, DC 20006**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MCAHON, CHRISTOPHER C**
CITY-ST-ZIP **2099 PENNSYLVANIA AVE., NW
WASHINGTON DC 20006**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DITKOFF, JAMES H**
CITY-ST-ZIP **2
WASHINGTON DC 20037**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2099 PENNSYLVANIA AVE., NW**
CITY-ST-ZIP **WASHINGTON, DC 20006**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WILLIS, THOMAS N**
CITY-ST-ZIP **4403 ALLEN RD
STOW OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MICHAUD, RAYMOND J**
CITY-ST-ZIP **4403 ALLEN ROAD
STOW OH 44224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AST**
STREET ADDRESS **SCHWERTNER, CHARLES A**
CITY-ST-ZIP **5335 AVON PARK DRIVE
HIGHLAND HEIGHTS OH**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6095 PARKLAND BLVD. #310**
CITY-ST-ZIP **MAYFIELD HEIGHTS, OH 44124**

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:

Raymond J. Michaud

RAYMOND J. MICHAUD 2/4/03 (330) 929-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)