

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000003893	
1. Entity Name NESCO DESIGN CORP.	

Principal Place of Business 6140 PARKLAND BLVD. STE 110 MAYFIELD HEIGHTS, OH 44124	Mailing Address 6140 PARKLAND BLVD. STE 110 MAYFIELD HEIGHTS, OH 44124
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1603190	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution... ☐ \$5.00 May Be Added to Fees	11000001543277 05/15/06 00011 024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO TOMSICH, JOHN 6140 PARKLAND BLVD MAYFIELD HTS, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BRAINARD, PATRICK J 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RZIZCNEK, FRANK J 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOMSICH, JOHN R 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Patrick J Brainard V.P. **4/24/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #