


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F95000003894</b> 1. Entity Name <b>NES GROUP, INC.</b>	
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Principal Place of Business <b>6140 PARKLAND BLVD., THE PARAGON CENTER SUITE 110 MAYFIELD HEIGHTS, OH 44124</b>	Mailing Address <b>6140 PARKLAND BLVD., THE PARAGON CENTER SUITE 110 MAYFIELD HEIGHTS, OH 44124</b>
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04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-1253221</b>	Applied For Not Applicable
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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**

**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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

**000000549421  
05/13/06-80021-011 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC TOMSICH, ROBERT J 6140 PARKLAND BLVD MAYFIELD HTS, OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RZICZNEK, FRANK J 6140 PARKLAND BLVD. MAYFIELD HTS, OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS BRINARD, PATRICK J 6140 PARKLAND BLVD SUITE 110 MAYFIELD HTS, OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *Patrick J. Brinard* V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/06**  
Date

Daytime Phone #