

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90006 005 \*\*\*150.00

**DOCUMENT # F99000001142**

1. Entity Name  
**NTI SERVICES, INC.**



Principal Place of Business  
**23123 E MISSION AVE  
LIBERTY LAKE, WA 99019**

Mailing Address  
**8000 W FLORISSANT AVE  
STA 2586  
SAINT LOUIS, MO 63136**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01092004 Chg-P CR2E034 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**36-4274851**

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**

**7. Name and Address of New Registered Agent**

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, 2004 Fee will be \$550.00**

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 D/P ☐ Delete  
NAME BAKER, S W  
STREET ADDRESS 23123 E MISSION AVE  
CITY-ST-ZIP LIBERTY LAKE, WA 99019

TITLE D/CEO ☐ Change ☒ Addition  
NAME Ashmore, Craig W.  
STREET ADDRESS 8000 W. Florissant Ave.  
CITY-ST-ZIP St. Louis, MO 63136

TITLE CEO ☒ Delete  
NAME BEVIS, H C  
STREET ADDRESS 110 SAFFOLK LANE  
CITY-ST-ZIP LAKE FOREST, IL 60045

TITLE Asst. Treasurer ☐ Change ☒ Addition  
NAME Rabe, David J.  
STREET ADDRESS 8000 W. Florissant Ave.  
CITY-ST-ZIP St. Louis, MO 63136

TITLE DT ☐ Delete  
NAME DEHMER, K R  
STREET ADDRESS 23123 EAST MISSION  
CITY-ST-ZIP LIBERTY LAKE, WA 99019

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

TITLE VPF ☐ Delete  
NAME COURTRIGHT, R B  
STREET ADDRESS 3000 LAKESIDE DR  
CITY-ST-ZIP DEERFIELD, IL 60015

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

TITLE VPAT ☐ Delete  
NAME MOON, D C  
STREET ADDRESS 8000 W FLORISSANT AVE  
CITY-ST-ZIP SAINT LOUIS, MO 63136

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

TITLE S ☐ Delete  
NAME SMITH, H M  
STREET ADDRESS 8000 W FLORISSANT AVE  
CITY-ST-ZIP SAINT LOUIS, MO 63136

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

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: D.C. Moon/V.P. & Asst. Treasurer 1/16/04 314-553-3485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #