

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069281

FILED  
Mar 01, 2009  
Secretary of State

Entity Name: NATIONWIDE EXHIBIT SERVICE, INC.

## Current Principal Place of Business:

49 WESTOVER DR NE  
WEST MELBOURNE, FL 32904

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 67  
MELBOURNE, FL 32902

## New Mailing Address:

FEI Number: 59-3667574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MOTT, KENNETH A  
88 NW SHANNON AVE  
WEST MELBOURNE, FL 32924 US

## Name and Address of New Registered Agent:

MOHAGHEGH, DONNA M  
88 NW SHANNON AVE  
WEST MELBOURNE, FL 32924 US

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.

SIGNATURE: DONNA M MOHAGHEGH

03/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOTT, KENNETH A  
Address: 88 NW SHANNON AVE  
City-St-Zip: WEST MELBOURNE, FL 32924

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MOHAGHEGH, DONNA M  
Address: 88 NW SHANNON AVE  
City-St-Zip: WEST MELBOURNE, FL 32924

Title: D ( ) Change (X) Addition  
Name: NIEHAUS, DAVID A  
Address: 88 NW SHANNON AVE  
City-St-Zip: WEST MELBOURNE, FL 32924

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M MOHAGHEGH

D

03/01/2009

Electronic Signature of Signing Officer or Director

Date