FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:17

DOCUMENT # P39036 (9)

1. Corporation Name
NATIONAL ELEVATOR INSPECTION SERVICES, INC.

Principal Place of Business
~~120 SOUTH CENTRAL, SUITE 1120~~
~~ST. LOUIS MO 63105~~

Mailing Address
~~120 SOUTH CENTRAL, SUITE 1120~~
~~ST. LOUIS MO 63105~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 11088 MILLPARK DRIVE
Suite, Apt. #, etc.
22 130
City & State
23 MARYLAND HEIGHTS MO
Zip 24 63043
Country 25 USA

2a. Mailing Address
26 11088 MILLPARK DRIVE
Suite, Apt. #, etc.
27 130
City & State
28 MARYLAND HEIGHTS MO
Zip 29 63043
Country 30 USA

3. Date Incorporated or Qualified: 06/04/1992
3a. Date of Last Report: 02/23/1994
4. FEI Number: 34-1624394 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARCHACK, J.A.
STREET ADDRESS	120 S. CENTRAL,STE. 1120
CITY-ST-ZIP	ST. LOUIS MO
TITLE	V
NAME	BUSH, WILLIAM H.T.
STREET ADDRESS	120 S. CENTRAL,STE. 1120
CITY-ST-ZIP	ST. LOUIS MO
TITLE	ST
NAME	O'DONNELL, JAMES V
STREET ADDRESS	120 S. CENTRAL,STE. 1120
CITY-ST-ZIP	ST. LOUIS MO
TITLE	CD
NAME	SMITH, WAYNE L, II
STREET ADDRESS	120 S. CENTRAL,STE. 1120
CITY-ST-ZIP	ST. LOUIS MO
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	11088 MILLPARK DRIVE	Suite 130
14 CITY-ST-ZIP	MARYLAND HEIGHTS MO	63043
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	11088 MILLPARK DRIVE	Suite 130
24 CITY-ST-ZIP	MARYLAND HEIGHTS MO	63043
31 TITLE		☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	11088 MILLPARK DRIVE	Suite 130
34 CITY-ST-ZIP	MARYLAND HEIGHTS MO	63043
41 TITLE		☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	11088 MILLPARK DRIVE	Suite 130
44 CITY-ST-ZIP	MARYLAND HEIGHTS MO	63043
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.A. Marchack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J.A. MARCHACK 1/20/95 314 872 2324
Date Daytime Phone #

0480771 FP