

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P39036

1. Entity Name
NATIONAL ELEVATOR INSPECTION SERVICES, INC.



Principal Place of Business

**2300 MILL PARK DR
SUITE 100
MARYLAND HEIGHTS, MO 63043 US**

Mailing Address

**2300 MILL PARK DR
SUITE 100
MARYLAND HEIGHTS, MO 63043 US**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1624394

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**

**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 title if applicable

(NOTE: Registered Agent signature required when rehashing)

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARCHACK, J.A.
STREET ADDRESS 2300 MILL PARK DR, SUITE 100
CITY-ST-ZIP MARYLAND HEIGHTS, MO 63043

TITLE V
NAME BUSH, WILLIAM H.T.
STREET ADDRESS 2300 MILL PARK DR, SUITE 100
CITY-ST-ZIP MARYLAND HEIGHTS, MO 63043

TITLE ST
NAME O'DONNELL, JAMES V
STREET ADDRESS 2300 MILL PARK DR, SUITE 100
CITY-ST-ZIP MARYLAND HEIGHTS, MO 63043

TITLE CD
NAME SMITH, WAYNE L II
STREET ADDRESS 2300 MILL PARK DR, SUITE 100
CITY-ST-ZIP MARYLAND HEIGHTS, MO 63043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000411176
02/09/06-80063-025 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2006

Date

314 8902324

Daytime Phone #