

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000003920

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: NATIONAL SALVAGE & SERVICE CORPORATION

**Current Principal Place of Business:**

6755 OLD STATE ROAD 37 SOUTH  
BLOOMINGTON, IN 47401

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 300  
CLEAR CREEK, IN 47426

**New Mailing Address:**

FEI Number: 35-1741803      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMMERMAN, KELVIN  
1812 CHERRYWOOD LANE  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

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: KELVIN ZIMMERMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: SCHOPP, CURTIS C  
Address: 6755 OLD STATE ROAD 37 SOUTH  
City-St-Zip: BLOOMINGTON, IN 47401

Title: VPVC ( ) Delete  
Name: SCHOPP, VICTORIA  
Address: 6755 OLD STATE ROAD 37 SOUTH  
City-St-Zip: BLOOMINGTON, IN 47401

Title: ST ( ) Delete  
Name: RUF, CATHERINE  
Address: 6755 OLD STATE ROAD 37 SOUTH  
City-St-Zip: BLOOMINGTON, IN 47401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: HARDIN, NSA  
Address: 6755 OLD STATE ROAD 37 SOUTH  
City-St-Zip: BLOOMINGTON, IN 47401

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: VICTORIA SCHOPP

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS

04/02/2009

\_\_\_\_\_  
Date