

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000003920

**Entity Name:** NATIONAL SALVAGE & SERVICE CORPORATION

**Current Principal Place of Business:**

6755 OLD STATE ROAD 37 SOUTH  
BLOOMINGTON, IN 47401

**Current Mailing Address:**

P.O. BOX 300  
CLEAR CREEK, IN 47426

**FEI Number: 35-1741803**

**Certificate of Status Desired: No**

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

SCRAMEK, KATIE AS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OVP  
Name SCHOPP, CURTIS C  
Address 6755 OLD STATE ROAD 37 SOUTH  
City-State-Zip: BLOOMINGTON IN 47401

Title OP  
Name SCHOPP, VICTORIA  
Address 6755 OLD STATE ROAD 37 SOUTH  
City-State-Zip: BLOOMINGTON IN 47401

Title SECRETARY  
Name HARDEN, BRENDA  
Address 6755 OLD STATE ROAD 37 SOUTH  
City-State-Zip: BLOOMINGTON IN 47401

*I hereby 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 all other like empowered.*

**SIGNATURE: VICTORIA SCHOPP**

**PRESIDENT**

**02/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date