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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
000796989	NXTECH INCORPORATED			
3. Principal office address: 100 TECHNE CENTER DRIVE, SUITE 125		City: MILFORD	State: OH	Zip: 45150
4. Business Phone No.: 513-943-0000		5. State of Incorporation: OHIO		
6. Brief description of the character of business conducted in Rhode Island: REMOTE CUSTOMER IMPLEMENTATION SUPPORT				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☑

President Name: THAD M. BAUER			Vice-President Name: NONE		
Street Address: 655 POLO WOODS DRIVE			Street Address: NONE		
City: CINCINNATI	State: OH	Zip: 45244	City: NONE	State: NONE	Zip: NONE
Secretary Name: NONE			Treasurer Name: NONE		
Street Address: NONE			Street Address: NONE		
City: NONE	State: NONE	Zip: NONE	City: NONE	State: NONE	Zip: NONE

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: NONE			Director Name: NONE		
Street Address: NONE			Street Address: NONE		
City: NONE	State: NONE	Zip: NONE	City: NONE	State: NONE	Zip: NONE
Director Name: NONE			Director Name: NONE		
Street Address: NONE			Street Address: NONE		
City: NONE	State: NONE	Zip: NONE	City: NONE	State: NONE	Zip: NONE

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	0	CNP	0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 05 2015
BY 1008

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative — Date: 02/25/2015

THAD BAUER
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

117850-12-1029709

ATTACHMENT to Form No. 630: PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Entity ID No. 000796989	Exact Name of the Corporation: NXTECH INCORPORATED

7. List **ALL** officers (names and addresses)

CEO Name WILLIAM TEDRICK		
Street Address 6702 SANDY SHORES DRIVE		
City LOVELAND	State OH	Zip 45140

FILED

MAR 05 2015

BY 796989