FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -3 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **759792** **(5)**

1. Corporation Name

NATIONAL PUBLIC RECORDS RESEARCH ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
1201 HAYS STREET P.O. BOX 5828 TALLAHASSEE FL 32301	1201 HAYS STREET P.O. BOX 5828 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1981
3a. Date of Last Report: 06/10/1994
4. FEI Number: 42-1274580 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 10329	26 P.O. Box 10329
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tallahassee, Fl	28 Tallahassee, FL
24 Zip 32302 / 25 Country	29 Zip 32302 / 30 Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☐ Change ☐ Addition	
NAME	ROSSER, MARK	12 NAME	700001448627	
STREET ADDRESS	1201 HAYS STREET	13 STREET ADDRESS	-04/06/95--01008--027	
CITY-ST-ZIP	TALLAHASSEE FL 32301	14 CITY-ST-ZIP	****130.00 ****130.00	
TITLE	S	21 TITLE	Secretary	☒ Change ☐ Addition
NAME	MAJESKY, LYNN	22 NAME	Majesky, Lynn	
STREET ADDRESS	1007 SEVENTH STREET 2ND FL	23 STREET ADDRESS	1101 R Street	
CITY-ST-ZIP	SACRAMENTO CA 95814	24 CITY-ST-ZIP	Sacramento, Ca 95814	
TITLE	P	31 TITLE	Director	☒ Change ☐ Addition
NAME	DEBRAY, CHARLES	32 NAME	DeBray, Charles	
STREET ADDRESS	1912 HAYES ST.	33 STREET ADDRESS	1912 Hayes St	
CITY-ST-ZIP	NASHVILLE TN 37203	34 CITY-ST-ZIP	Nashville, Tn 37203	
TITLE	D	41 TITLE	President	☐ Change ☒ Addition
NAME	JACOBI, BRUCE	42 NAME	Hopton, Jan	
STREET ADDRESS	105 CHAMBERS STREET	43 STREET ADDRESS	101 Capitol Way	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	Olympia, Wa 98501	
TITLE	D	51 TITLE	Treasurer	☐ Change ☒ Addition
NAME	STOKES, WILLIAM J	52 NAME	Waugh, Jeff	
STREET ADDRESS	2901 NORMANDY ROAD	53 STREET ADDRESS	3998 Ashford-Dunwoody Rd	
CITY-ST-ZIP	SPRINGFIELD IL 62703	54 CITY-ST-ZIP	Atlanta, Ga 30319	
TITLE	P	61 TITLE	Vice President	☐ Change ☒ Addition
NAME	DEBRAY, CHARLES	62 NAME	Drake, Todd	
STREET ADDRESS	1912 HAYES STREET	63 STREET ADDRESS	620 S. Elm St #363	CH
CITY-ST-ZIP	NASHVILLE TN 37203	64 CITY-ST-ZIP	Greensboro, NC 27406	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn R. Majesky 3/24/95 (916) 441-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lynn R. Majesky Secretary

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