FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

NATIONAL PUBLIC RECORDS RESEARCH ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
P.O. BOX 10329 TALLAHASSEE FL 32302	P.O. BOX 10329 TALLAHASSEE FL 32302

3. Date Incorporated or Qualified: **08/26/1981**

3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	11 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	ROSSER, MARK		12 NAME	WASHBURN, PAULA	
STREET ADDRESS	1201 HAYS STREET		13 STREET ADDRESS	319 MARKET ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301		14 CITY-ST-ZIP	HARRISBURG, PA 17101	
TITLE	S	☐ DELETE	21 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MAJESKY, LYNN		22 NAME	CONNER, LYNN	
STREET ADDRESS	1101 R ST. STREET [illegible]		23 STREET ADDRESS	1101 R ST	
CITY-ST-ZIP	SACRAMENTO CA 95814		24 CITY-ST-ZIP	SACRAMENTO, CA 95814	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DEBRAY, CHARLES		32 NAME		
STREET ADDRESS	1912 HAYES ST.		33 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	JACOBI, BRUCE		42 NAME		
STREET ADDRESS	105 CHAMBERS STREET		43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE	TREASURER	☐ Change ☐ Addition
NAME	STOKES, WILLIAM J		52 NAME	HUBER, STAN	
STREET ADDRESS	2901 NORMANDY ROAD		53 STREET ADDRESS	1232 Q ST #200	
CITY-ST-ZIP	SPRINGFIELD IL 62703		54 CITY-ST-ZIP	SACRAMENTO, CA 95814	
TITLE	P	☐ DELETE	61 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	DEBRAY, CHARLES		62 NAME		
STREET ADDRESS	1912 HAYES STREET		63 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203		64 CITY-ST-ZIP		

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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)(k), 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 Conner - LYNN R CONNER - PRESIDENT 1/24/96 (916)441-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027423