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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759792**

1. Corporation Name
NATIONAL PUBLIC RECORDS RESEARCH ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
530 BERCUT DRIVE SUITE G SACRAMENTO CA 95814	530 BERCUT DRIVE SUITE G SACRAMENTO CA 95814

2. Principal Place of Business
21 3200 Croasdaile Drive
Suite, Apt. #, etc.
22 Suite 603-5
City & State
23 Durham, NC 27705-2509
Zip 24 27705-2509 Country 25 USA

2a. Mailing Address
26 P. O. Box 3159
Suite, Apt. #, etc.
27
City & State
28 Durham, NC 27715-3159
Zip 29 27715-3159 Country 30 USA

3. Date Incorporated or Qualifed
08/26/1981

4. FEI Number
42-1274580
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
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	S	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	CLARK, ANGELA		1.2 NAME	Angela Clark	
STREET ADDRESS	412 MAIN SUITE 450		1.3 STREET ADDRESS	412 Main Suite 450	
CITY-ST-ZIP	HOUSTON TX 77002		1.4 CITY-ST-ZIP	Houston, TX 77002	
TITLE	T	☒ DELETE	2.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	CONNER, LYNN		2.2 NAME	Bill Stokes	
STREET ADDRESS	640 BERCUT DRIVE SUITE A		2.3 STREET ADDRESS	1 West Old State Capitol Plaza, Ste 805	
CITY-ST-ZIP	SACRAMENTO CA 95814		2.4 CITY-ST-ZIP	Springfield, IL 62701	
TITLE	P	☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	HATCHER, SHERRY		3.2 NAME	Gary Rosario	
STREET ADDRESS	2 OFFICE PARK COURT SUITE 103		3.3 STREET ADDRESS	41 State Street, Suite 600	
CITY-ST-ZIP	COLUMBIA SC 29224		3.4 CITY-ST-ZIP	Albany, NY 12207	
TITLE	D	☒ DELETE	4.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	OBERMEYER, SHARI		4.2 NAME	Scott Boyer	
STREET ADDRESS	55 MONUMENT CIRCLE #1422		4.3 STREET ADDRESS	2601 N. 3rd Street, Suite 202	
CITY-ST-ZIP	INDIANAPOLIS IN 46204		4.4 CITY-ST-ZIP	Phoenix, AZ 85004-1145	
TITLE	D	☐ DELETE	5.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	WAGNER, BLAIR		5.2 NAME	K. Lee Sedgwick	
STREET ADDRESS	582 N. OAKWOOD AVE. #202		5.3 STREET ADDRESS	640 Bercut Drive, Suite A	
CITY-ST-ZIP	LAKE FOREST IL 60045		5.4 CITY-ST-ZIP	Sacramento, CA 95814	
TITLE	D	☐ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	BOYLHART, MEL		6.2 NAME	Barry Shuster	
STREET ADDRESS	105 CHAMBERS ST. 3RD FLOOR		6.3 STREET ADDRESS	1205 Tucker Rd.	
CITY-ST-ZIP	NEW YORK NY 10007		6.4 CITY-ST-ZIP	N. Dartmouth, MA 02747	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Sherry Mason Hatcher **SIGNATURE REQUIRED** Sherry Mason Hatcher 4/6/99 803-699-6130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #