2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759792

1. Entity Name

NATIONAL PUBLIC RECORDS RESEARCH ASSOCIATION, IN

FILED
00 FEB 28 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3200 CROASDAILE DR. STE 603-5 DURHAM NC 27705	P.O. BOX 3159 DURHAM NC 27715-3159

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ 200003161072--6
-03/07/00--01094--018
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE *****61.25 *****61.25

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CLARK, ANGELA 412 MAIN SUITE ~~950~~ 850 HOUSTON TX 77002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TRISH BOGENRIEF PO BOX 2969 SPRINGFIELD IL 62703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STOKES, BILL 1 W. OLD STATE CAPITOL PLAZA, STE 805 SPRINGFIELD IL 62701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLAIR WAGNER 300 W. WASHINGTON ST STE 808 CHICAGO IL 60606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSARIO, GARY 41 STATE ST., STE 600 ALBANY NY 12207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEL BOYLNART 440 9TH AVE. 5TH FLOOR NEW YORK NY 10001-1686	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOYER, SCOTT 2601 N. 3RD ST., STE 202 PHOENIX AZ 85004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERIC GERINGWALD 111 8TH AVE. NEW YORK NY 10011	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SEDGWICK, LEE K 640 BERCUT DR., STE A SACRAMENTO CA 95814	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERRY WATANER PO BOX 23123 COLUMBIA SC 29224	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHUSTER, BARRY 1205 TUCKER RD. N. DARTMOUTH MA 02747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILL ROBATNAN 601 VAN NESS AVE STE E-3105 SAN FRANCISCO CA 94102	☐ Change ☑ Addition SP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] Trish Bogenrief-Secty 2/25/00 217-492-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)