

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759792

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** NATIONAL PUBLIC RECORDS RESEARCH ASSOCIATION, INC.

**Current Principal Place of Business:**

2501 AERIAL CENTER PKWY  
STE 103  
MORRISVILLE, NC 27560

**New Principal Place of Business:**

**Current Mailing Address:**

2501 AERIAL CENTER PKWY  
STE 103  
MORRISVILLE, NC 27560

**New Mailing Address:**

**FEI Number:** 42-1274580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PP  
Name: DENHAM, DAN  
Address: 1535 GRANT ST. STE. 140  
City-St-Zip: DENVER, CO 80203

Title: P  
Name: MCKOWN, KELLY  
Address: 28 OLD RUDNICK LANE  
City-St-Zip: DOVER, DE 19901

Title: S  
Name: SPEREDELOZZI, JEFF  
Address: 10 MILK ST. STE. 1055  
City-St-Zip: BOSTON, MA 02108

Title: VP  
Name: WAGNER, BLAIR  
Address: 100 N. LA SALLE ST., STE. 500  
City-St-Zip: CHICAGO, IL 60602

Title: T  
Name: CARPENTER, MICHELLE  
Address: 2338 W. ROYAL PALM ROAD STE. J  
City-St-Zip: PHOENIX, AZ 85021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY MCKOWN

P

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date