2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90257 046 ****61.25

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DOCUMENT # 759792

1. Entity Name

NATIONAL PUBLIC RECORDS RESEARCH ASSOCIATION, IN C.

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida 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 850 HOUSTON TX 77002	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jim Sturdy 505 University Avenue, Ste 1603 Toronto Canada M5G 1X3	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STOKES, BILL 1 W. OLD STATE CAPITOL PLAZA, STE 805 SPRINGFIELD IL 62701	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHRISTIAN FELTON 42180 Ford Road, Ste 101 CANTON, MI 48187	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOYENRIEF, TRISH P.O. BOX 2969 SPRINGFIELD IL 62703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JO KAMAE BYRNE P.O. Box 2390, 212 Merchant St. Ste 303 Honolulu, HI 96804-2390	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS WAGNER, BLAIR 300 W. WASHINGTON ST., STE 808 CHICAGO IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONY MAGNOTTA 1010 N. DALE STREET ST. PAUL, MN 55117	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYLNART, MEL 440 9TH AVENUE., 5TH FLOOR NEW YORK NY 10001-1686	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BJI ROBATHAN 601 VAN NESS AVE. SAN FRANCISCO, CA 94102	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P GERINGWALD, ERIC 111 8TH AVENUE NEW YORK NY 10011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALT WILEMAN 2860 Exchange Blvd., Ste 100 Southlake, TX 76092	☐ Change ☑ Addition

CR2E037 (10/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR