

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827968

FILED
Mar 17, 2011
Secretary of State

Entity Name: NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION

Current Principal Place of Business:

2201 COOPERATIVE WAY
HERNDON, VA 220713025

New Principal Place of Business:

Current Mailing Address:

2201 COOPERATIVE WAY
HERNDON, VA 220713025

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P
Name: WASSON, J. DAVID JR
Address: P O BOX 700
City-St-Zip: LAURENS, SC 29360

Title: VP
Name: CRANFORD, DELBERT M
Address: P O BOX 40
City-St-Zip: ASHBORO, NC 27204

Title: S/T
Name: MERCER, BURNS
Address: P. O. BOX 489
City-St-Zip: BRANDENBURG, KY 40108

Title: GCEO
Name: PETERSEN, SHELDON
Address: 2201 COOPERATIVE WAY
City-St-Zip: HERNDON, VA 220713025

Title: CFO
Name: LILLY, STEVEN L
Address: 2201 COOPERATIVE WAY
City-St-Zip: HERNDON, VA 220713025

Title: D
Name: ANDERSON, FREDERICK C
Address: 45 PARTIDGE KNOLL ROAD
City-St-Zip: CAMPTON, NH 03223

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: STEVEN L. LILLY

CFO

03/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date