


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90260 038 \*\*\*150.00

**DOCUMENT # F92000000119**

1. Entity Name  
**NPC OF AMERICA, INC.**



Principal Place of Business  
**401 WILSHIRE BLVD  
 SUITE 1100  
 SANTA MONICA, CA 90401**

Mailing Address  
**1 CORPORATE WAY  
 ATTN: TAX DEPT S35  
 LANSING, MI 48951**

**94073113**



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04202004 Chg-P CR2E034 (10/03)

~~6. Name and Address of Current Registered Agent~~

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

4. FEI Number  
**38-3023534**

Applied For  
 Not Applicable

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

~~7. Name and Address of New Registered Agent~~

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

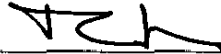
**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CLIFFORD, JACK J</b> 401 WILSHIRE BLVD, STE 1100 SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <input checked="" type="checkbox"/> Delete <b>SIMON, JAMES L</b> 1 CORPORATE WAY LANSING, MI 48951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HÖPPING, ANDREW B</b> 1 CORPORATE WAY LANSING, MI 48951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>WELLS, MICHAEL A</b> 401 WILSHIRE BLVD, STE 1100 SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>JOHNSON, PETER M</b> 1428 MIDWAY ROAD MENASHA, WI 54952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>DREFFEIN, M. SHAWN</b> 401 WILSHIRE BLVD, STE 1100 SANTA MONICA, CA 90401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D / S</b> <b>THOMAS J. MEYER</b> 1 CORPORATE WAY, LANSING MI 48951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CFO</b>   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SENIOR VP</b> <b>BONNIE G. SCHAB</b> 401 WILSHIRE BLVD, STE 1100 SANTA MONICA CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SENIOR VP</b> <b>5555 GRANDE MARKET</b> APPLETON WI 54913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D / P</b>   

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 607, 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:**  **THOMAS J. MEYER, SECRETARY** **4-29-04** **517-381-5500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #