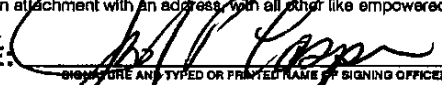


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G90790 1. Entity Name NPI CAPITAL CORPORATION			
Principal Place of Business 7 BULFINCH PLAZA SUITE 500 BOSTON, MA 02114 US		Mailing Address BULFINCH PLACE POST OFFICE BOX 9507 BOSTON, MA 02114-9507 US	
2. Principal Place of Business 1010 Racquet Club Dr. Suite, Apt. #, etc. Suite 103 City & State Auburn, CA Zip 95603		3. Mailing Address 1010 Racquet Club Dr. Suite, Apt. #, etc. Suite 103 City & State Auburn, CA Zip 95603	
Country USA		Country USA	
4. FEI Number 59-2405701		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	P
NAME	TIFFANY, CAROLYN	NAME	John P. Casper
STREET ADDRESS	7 BULFINCH PLAZA, SUITE 500	STREET ADDRESS	1010 Racquet Club Dr., #103
CITY-ST-ZIP	BOSTON, MA 02114	CITY-ST-ZIP	Auburn, CA 95603
	☒ Delete		☒ Change ☐ Addition
TITLE	S	TITLE	S
NAME	TIFFANY, CAROLYN	NAME	John P. Casper
STREET ADDRESS	7 BULFINCH PLAZA, SUITE 500	STREET ADDRESS	1010 Racquet Club Dr., #103
CITY-ST-ZIP	BOSTON, MA 02114	CITY-ST-ZIP	Auburn, CA 95603
	☒ Delete		☒ Change ☐ Addition
TITLE	T	TITLE	T
NAME	TIFFANY, CAROLYN	NAME	John P. Casper
STREET ADDRESS	7 BULFINCH PLAZA, SUITE 500	STREET ADDRESS	1010 Racquet Club Dr., #103
CITY-ST-ZIP	BOSTON, MA 02114	CITY-ST-ZIP	Auburn, CA 95603
	☒ Delete		☒ Change ☐ Addition
TITLE	AVP	TITLE	DIR
NAME	ALBA, JOHN	NAME	John P. Casper
STREET ADDRESS	7 BULFINCH PLAZA, SUITE 500	STREET ADDRESS	1010 Racquet Club Dr., #103
CITY-ST-ZIP	BOSTON, MA 02114	CITY-ST-ZIP	Auburn, CA 95603
	☒ Delete		☒ Change ☐ Addition
TITLE	DIR	TITLE	
NAME	ASHNER, MICHAEL L	NAME	
STREET ADDRESS	7 BULFINCH PLAZA, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02114	CITY-ST-ZIP	
	☒ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		John P. Casper 7/14/05 530-823-5206	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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