

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30862

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION FOR SHOPLIFTING PREVENTION, INC.

**Current Principal Place of Business:**

380 NORTH BROADWAY  
STE. 306  
JERICHO, NY 11753

**New Principal Place of Business:**

**Current Mailing Address:**

380 NORTH BROADWAY  
STE. 306  
JERICHO, NY 11753

**New Mailing Address:**

**FEI Number:** 22-3010584      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BERLIN, PETER  
19111 COLLINS AVENUE - UNIT 501  
SUNNY ISLES, FL 33160 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: PD ( ) Delete  
Name: LANE, ROBERT C  
Address: 1931 SABAL PALM DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33324

Title: D ( ) Delete  
Name: LEVY, ROBERT S ACSW  
Address: 475 PARK AVE SOUTH  
City-St-Zip: NEW YORK, NY 10016

Title: SD ( ) Delete  
Name: LEWIS, JAMES JR  
Address: 540 CRANBURY ROAD  
City-St-Zip: E. BRUNSWICK, NJ 08816

Title: D ( ) Delete  
Name: BERLIN, PETER D  
Address: 2 YUKON DRIVE  
City-St-Zip: WOODBURY, NY 11797

Title: D ( ) Delete  
Name: RUST, PETER  
Address: ONE LANDMARK SQUARE, 18TH FLOOR  
City-St-Zip: STAMFORD, CT 06901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: RUST, PETER  
Address: 201 BROAD STREET-4TH FLOOR  
City-St-Zip: STAMFORD, CT 06901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BROMBERG, STEPHEN  
Address: 1539 FRANKLIN AVENUE-STE 101  
City-St-Zip: MINEOLA, NY 11501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROLINE KOCHMAN

EXEC

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date