

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30862

FILED
Jan 11, 2010
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
Name: LANE, ROBERT C
Address: 1931 SABAL PALM DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33324

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

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

Title: D
Name: BERLIN, PETER D
Address: 19111 COLLINS AVE. APT. 501
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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

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: CAROLINE KOCHMAN

EXD

01/11/2010

Electronic Signature of Signing Officer or Director

_____ Date