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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P31323

(9)

NATIONAL ASSOCIATION SERVICES ADMINISTRATORS, IN Mailing Address Principal Place of Business 268 SOUTH STREET 268 SOUTH STREET MORRISTOWN NJ 07960 MORRISTOWN NJ 07960 3. Date Incorporated or Qualified 3a. Date of Last Report 10/15/1990 05/01/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 22-2836539 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζip $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes 🔀 No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET RR SUITE 105 TALLAHASSEE FL 32301 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Jam familiar with, and accept the obligations of Section 607,0505. Florida Statutes. Signature: Specific prints and in of registered agent and the diapplicable grafite. Sugarieran Auero sur acure recurre CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Add-tion TITLE 1.1700 6 NAME BONAUTO, FRANK A. 1.2 NAMÉ STREET ADDRESS **45 JUNARD DRIVE** 1.3 STREET ADDRESS **MORRISTOWN NJ** CITY-ST-ZIP 4 0 HY - ST - 216 🔀 DELETE Ado tron TITLE 2 1 11ftE ☐ Change FRENCH, KENNETH J. NAME 2.2 NAME **45 SCHOOL HOUSE LANE** STREET ADDRESS 2.3 STREET ADDRESS MORRISTOWN NJ CITY - ST-7IP 2 4 CHTY - ST - ZIP THILE VD **DECETE** 3 1 TITLE Change Addition NAME STENGER, JAMES R. 3.2 NAME STREET ADDRESS 5 BAER COURT 3.3 STREET ADDRESS MORRISTOWN NJ CITY-ST-ZIP 3 4 C+TY - ST - ZIP []] DELETE Change ☐ Addition TITLE 4 1 TEFLE KUHNS, ELIZABETH B. NAME 4.2 NAME 11 LONGVIEW PLACE STREET ADDRESS 4.3 STREET ADDRESS MORRISTOWN NJ CITY - ST- ZIP 4.4 CHY - S* - Z/P DECETE Addition TITLE **VD** 5 1 TIFLE KUHNS, MICHAEL L. NAME 5.2 NAME 11 LONGVIEW PLACE STREET ADDRESS 5.3 STREET ADDRESS **MORRISTOWN NJ** CITY-ST-ZIP 5.4 CITY | \$1 - ZiP SE DELETE Addition Char-ge TITLE VD 6 1 THEF NAME BONAUTO, F. BRUCE STREET ADDRESS **268 SOUTH STREET** 6.3 STHELL ACORESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). Florida Statutes. I further certify that the information indicated on this aumorit report or supplemental annual report is true and an ourate 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 12 or Block 13 if changed, or on an attachment with an address.

6.4 CH3 - S1 - ZIP

SIGNATURE

CITY - ST - ZIP

GRANC & BONALTS

MORRISTOWN NJ

PRESIDENT

5-30-91

201-538-8700

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