

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 08 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P31323 (9)

1. Corporation Name: NATIONAL ASSOCIATION SERVICES ADMINISTRATORS, INC. C.

Principal Place of Business: 268 SOUTH STREET MORRISTOWN NJ 07900
 Mailing Address: 268 SOUTH STREET MORRISTOWN NJ 07900



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1990
 4. FEI Number: 22-2836539 Applied For Not Applicable
 5. Certificate of Status Desired [] \$8.75 Additional Fee Requested
 6. Election Campaign Financing [] \$5.00 May Be Added to Fee
 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [X] No
 10. Name and Address of New Registered Agent

2. Principal Place of Business:
 21. State, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. Country
 2a. Mailing Address:
 26. State, Apt. #, etc.
 27. City & State
 28. Zip Country
 29. Country

9. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES STREET
 SUITE 105
 TALLAHASSEE FL 32301

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code

11. Pursuant to the provisions of sections 607.0592 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE OF STATE SECRETARY OF CORPORATIONS (To be filled in by the Secretary of State)

12. OFFICERS AND DIRECTORS
 1. TITLE: PD
 NAME: BONAUTO, FRANK A.
 STREET ADDRESS: 45 JUNARD DRIVE
 CITY STATE ZIP: MORRISTOWN NJ
 2. TITLE: VD
 NAME: KUHNS, ELIZABETH B.
 STREET ADDRESS: 11 LONGVIEW PLACE
 CITY STATE ZIP: MORRISTOWN NJ
 3. TITLE: VD
 NAME: KUHNS, MICHAEL L.
 STREET ADDRESS: 11 LONGVIEW PLACE
 CITY STATE ZIP: MORRISTOWN NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11. TITLE: [] Change [] Add
 12. NAME: [] Change [] Add
 13. STREET ADDRESS: [] Change [] Add
 14. CITY STATE ZIP: [] Change [] Add
 21. TITLE: [] Change [] Add
 22. NAME: [] Change [] Add
 23. STREET ADDRESS: [] Change [] Add
 24. CITY STATE ZIP: [] Change [] Add
 31. TITLE: [] Change [] Add
 32. NAME: [] Change [] Add
 33. STREET ADDRESS: [] Change [] Add
 34. CITY STATE ZIP: [] Change [] Add
 41. TITLE: [] Change [] Add
 42. NAME: [] Change [] Add
 43. STREET ADDRESS: [] Change [] Add
 44. CITY STATE ZIP: [] Change [] Add
 51. TITLE: [] Change [] Add
 52. NAME: [] Change [] Add
 53. STREET ADDRESS: [] Change [] Add
 54. CITY STATE ZIP: [] Change [] Add
 61. TITLE: [] Change [] Add
 62. NAME: [] Change [] Add
 63. STREET ADDRESS: [] Change [] Add
 64. CITY STATE ZIP: [] Change [] Add

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 secretary 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 of changes, or on an agent/walsh address.

SIGNATURE: Michael L. Kuhns 9-28-98 978-838-8700

CORPORATION