

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 19 AM 2:11

**DOCUMENT # P37142 (7)**  
1. Corporation Name  
**NATIONAL ELECTRONICS WARRANTY CORPORATION OF FLORIDA**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**44873 FALCON PLACE, SUITE 174  
STERLING VA 20166  
US**

Mailing Address  
**44873 FALCON PLACE, SUITE 174  
STERLING VA 20166  
US**

DO NOT WRITE IN THIS SPACE:

2. Principal Place of Business  
2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **01/17/1992** 3a. Date of Last Report **03/11/1994**  
4. FEI Number **54-1627746** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MEENAN, TIMOTHY  
204 S. MONROE STREET  
TALLAHASSEE FL 32302-3068**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 familiar with, and accepting the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent. I am

SIGNATURE (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PCD</b>
NAME	<b>SCHAUFELD, FREDERICK D.</b>
STREET ADDRESS	<b>44873 FALCON PLACE, #174</b>
CITY - ST - ZIP	<b>STERLING VA</b>
TITLE	<b>VD</b>
NAME	<b>NADER, ANTHONY P.</b>
STREET ADDRESS	<b>44873 FALCON PLACE, #174</b>
CITY - ST - ZIP	<b>STERLING VA 20166</b>
TITLE	<b>SD</b>
NAME	<b>SCHAUFELD, KAREN G. S.</b>
STREET ADDRESS	<b>44873 FALCON PLACE, #174</b>
CITY - ST - ZIP	<b>STERLING VA 20166</b>
TITLE	<b>TD</b>
NAME	<b>WHITE, CLIFFORD A.</b>
STREET ADDRESS	<b>44873 FALCON PLACE, #174</b>
CITY - ST - ZIP	<b>STERLING VA 20166</b>
TITLE	<b>V</b>
NAME	<b>SCHAUFELD, MICHAEL E.</b>
STREET ADDRESS	<b>44873 FALCON PLACE, #174</b>
CITY - ST - ZIP	<b>STERLING VA</b>
TITLE	<b>V</b>
NAME	<b>WEINER, MYLES B.</b>
STREET ADDRESS	<b>44873 FALCON PLACE, #174</b>
CITY - ST - ZIP	<b>STERLING VA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP &amp; General Counsel</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HORVATH, ROBERT D.</b>	
1.3 STREET ADDRESS	<b>44873 FALCON PLACE, #174</b>	
1.4 CITY - ST - ZIP	<b>STERLING, VA 20166</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: **CLIFFORD A. WHITE** 1/00/05 (703) 315-7700  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_