

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37142

FILED
Mar 16, 2012
Secretary of State

Entity Name: NATIONAL ELECTRONICS WARRANTY CORPORATION OF FLORIDA

Current Principal Place of Business:

22660 EXECUTIVE DR
STE 122
STERLING, VA 20166 US

New Principal Place of Business:

Current Mailing Address:

8880 WARD PARKWAY
5TH FLOOR
KANSAS CITY, MO 64114 US

New Mailing Address:

FEI Number: 54-1627746 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CEO
Name: NADER, III, ANTHONY P
Address: 22660 EXECUTIVE DRIVE STE 122
City-St-Zip: STERLING, VA 20166

Title: PRES
Name: NADER, III, ANTHONY P
Address: 22660 EXECUTIVE DRIVE STE 122
City-St-Zip: STERLING, VA 20166

Title: TREA
Name: NADER, III, ANTHONY P
Address: 22660 EXECUTIVE DRIVE STE 122
City-St-Zip: STERLING, VA 20166

Title: DIRE
Name: NADER, III, ANTHONY P
Address: 22660 EXECUTIVE DRIVE, STE. 122
City-St-Zip: STERLING, VA 20166

Title: DIRE
Name: SCHAUFELD, FREDRICK D
Address: 22660 EXECUTIVE DRIVE, STE. 122
City-St-Zip: STERLING, VA 20166

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY P NADER, III

PRES

03/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date