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Jan 22, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-22-1999 90077 021 *****61.25

DOCUMENT # P38361

1. Corporation Name
THE NATIONAL COUNCIL ON PROBLEM GAMBLING, INC.

Principal Place of Business 10025 GOV WARFIELD PKWY STE 311 COLUMBIA MD 21044 US	Mailing Address 10025 GOV WARFIELD PKWY STE 311 COLUMBIA MD 21044 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/08/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 51-0141872
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC 1180 SPRING CENTER SOUTH BLVD STE 390 ALTAMONTE SPRINGS FL 32714	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, JOANNA	1.2 NAME	
STREET ADDRESS	10025 GOV WARFIELD PKWY STE 311	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	1.4 CITY-ST-ZIP	
TITLE	PC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHE, PAUL R	2.2 NAME	
STREET ADDRESS	1180 SPRING CENTER SOUTH BLVD.,390	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32714	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERTZOFF, ELIZABETH	3.2 NAME	
STREET ADDRESS	100 W 10TH ST., STE 303	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19801	3.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN STEINBERG	4.2 NAME	
STREET ADDRESS	15 BROAD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DURAND F P	5.2 NAME	
STREET ADDRESS	432 E CRESCENT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	REDLANDS CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)