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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:08

DOCUMENT # **P36170 (9)**

1. Corporation Name
THE NATIONAL ABANDONED PROPERTY PROCESSING CORPORATION

Principal Place of Business	Mailing Address
641 LEXINGTON AVENUE SUITE 1009 NEW YORK NY 10022 US	641 LEXINGTON AVENUE SUITE 310 NEW YORK NY 10022 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/04/1991	3a. Date of Last Report 04/27/1994
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2. Principal Place of Business 21 641 LEXINGTON AVENUE	2a. Mailing Address 26 641 LEXINGTON AVENUE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State NEW YORK NY	28 City & State NEW YORK NY
24 Zip 10022	25 Country USA
29 Zip 10022	30 Country USA

4. FEI Number 04-3104068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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. I hereby accept the appointment as its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BACHENHARMER, RALPH J.
STREET ADDRESS	375 PARK AVENUE
CITY- ST- ZIP	NEW YORK CITY NY
TITLE	DS
NAME	LEVINSON, SUSAN B.
STREET ADDRESS	25 EAST 37TH ST.
CITY- ST- ZIP	NEW YORK NY
TITLE	CEO
NAME	STEMMEL, TODD R
STREET ADDRESS	641 LEXINGTON AVE
CITY- ST- ZIP	NEW YORK NY
TITLE	PD
NAME	SLADE, WILLIAM F.
STREET ADDRESS	641 LEXINGTON AVENUE
CITY- ST- ZIP	NEW YORK NY
TITLE	CFO
NAME	MARSMAN, MICHAEL A.
STREET ADDRESS	641 LEXINGTON AVENUE
CITY- ST- ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	N/A
1.3 STREET ADDRESS	BACHENHARMER, RALPH J.
1.4 CITY- ST- ZIP	NO LONGER OFFICER OR DIRECTOR
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	N/A
2.3 STREET ADDRESS	LEVINSON, SUSAN B
2.4 CITY- ST- ZIP	NO LONGER OFFICER OR DIRECTOR
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	C, D
3.3 STREET ADDRESS	TODD R. STEMMEL
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	74 PYS BRADY LANE
4.4 CITY- ST- ZIP	BOLTON, MA 01921
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	

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)(d), 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 if changed, or on an attachment with an address.

SIGNATURE: *Michael A. Marsman* **MICHAEL A. MARSMAN** 3/16/95 212-826-8330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR