

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36170** (9)  
1. Corporation Name  
**THE NATIONAL ABANDONED PROPERTY PROCESSING CORPORATION**



Principal Place of Business <b>641 LEXINGTON AVENUE SUITE 1809 NEW YORK NY 10022 US</b>	Mailing Address <b>641 LEXINGTON AVENUE NEW YORK NY 10022-4503 US</b>
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3. Date Incorporated or Qualified <b>11/04/1991</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>04-3104068</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
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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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	NAME <b>STEMMEL, TODD R</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>641 LEXINGTON AVE</b>	CITY- ST- ZIP <b>NEW YORK NY</b>	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>PD</b>	NAME <b>SLADE, WILLIAM F.</b>	1.4 CITY- ST- ZIP	
STREET ADDRESS <b>FY PYE BROOK LANE</b>	CITY- ST- ZIP <b>BOXFORD MA</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE <b>CFO</b>	NAME <b>MARSMAN, MICHAEL A.</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>641 LEXINGTON AVENUE</b>	CITY- ST- ZIP <b>NEW YORK NY</b>	2.4 CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	
TITLE <b>D</b>	NAME <b>ELI S. JACOBS</b>	3.2 NAME <b>HINRY, ARNOLD H.</b>	
STREET ADDRESS <b>4450 S. PARU AVE</b>	CITY- ST- ZIP <b>CHEVY CHASE MD</b>	3.3 STREET ADDRESS <b>641 LEXINGTON AVENUE</b>	
	<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP <b>NEW YORK NY</b>	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY- ST- ZIP		4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY- ST- ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY- ST- ZIP		6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY- ST- ZIP	

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ARNOLD H. HINRY (CFO) 4/2/97 212) 826-8370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0004492

CR2E034 (9/96)