

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P36170

FILED
Mar 26, 2002 8:00 AM
Secretary of State

Entity Name: THE NATIONAL ABANDONED PROPERTY PROCESSING CORPORATION

Current Principal Place of Business:

570 LEXINGTON AVENUE
NEW YORK, NY 10022 US

New Principal Place of Business:

17 STATE STREET
26 FLOOR
NEW YORK, NY 10004 US

Current Mailing Address:

570 LEXINGTON AVENUE
NEW YORK, NY 10022 US

New Mailing Address:

17 STATE STREET
26 FLOOR
NEW YORK, NY 10004 US

FEI Number: 04-3104068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLADE, WILLIAM F.
Address: 570 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SLADE, WILLIAM F.
Address: 17 STATE STREET, 26 FLOOR
City-St-Zip: NEW YORK, NY 10004 US

Title: V/S () Change (X) Addition
Name: CASE, GAIL H VP
Address: 17 STATE STREET, 26 FLOOR
City-St-Zip: NEW YORK, NY 10004 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GAIL H CASE

V/S

03/26/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date