


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90298 050 \*\*\*150.00

<b>DOCUMENT # P36170</b>					
1. Entity Name THE NATIONAL ABANDONED PROPERTY PROCESSING CORPORATION					
Principal Place of Business 2828 N. HASKELL BLDG. 1, FL-10 DALLAS, TX 75204 US			Mailing Address 2828 N. HASKELL BLDG. 1, FL-10 DALLAS, TX 75204 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-3104068</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYMAN, LYNDEN		NAME	Cynthia L Hageman	
STREET ADDRESS	260 FRANKLIN ST., 11TH FLOOR		STREET ADDRESS	2828 N Haskell, Bldg 1 FL-10	
CITY-ST-ZIP	NEW YORK, NY 102110		CITY-ST-ZIP	Dallas, TX 75204	
TITLE	DSVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKELMAN, WILLIAM L JR		NAME		
STREET ADDRESS	2828 N. HASKELL, BLDG. 1, FL-10		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75204		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, WAYNE R		NAME		
STREET ADDRESS	2828 N. HASKELL, BLDG. 1, FL-10		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75204		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REXFORD, JOHN H		NAME		
STREET ADDRESS	2828 N. HASKELL, BLDG. 1, FL-10		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75204		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINEYARD, NANCY P		NAME		
STREET ADDRESS	3988 N. CENTRAL EXPY., FL-9		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75204		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, JEFFREY A		NAME		
STREET ADDRESS	2828 N. HASKELL, BLDG. 1, FL-10		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75204		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Cynthia L Hageman</u>			Cynthia L Hageman, Asst. Secretary 4/4/05 214-841-6352		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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