

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90487 006 ***150.00

DOCUMENT # 857544

1. Entity Name
THE NATIONAL CORPORATION



Principal Place of Business
**350 E. 96TH ST.
INDIANAPOLIS IN 46240
US**

Mailing Address
**P.O. BOX 6070
INDIANAPOLIS IN 46206
US**



2. Principal Place of Business

3. Mailing Address

62 Maple Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Keene, NH

4. FEI Number **35-1283740**

Applied For
Not Applicable

Zip

Country

Zip
03431

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **T POWELL, STEPHEN D**
STREET ADDRESS **62 MAPLE AVE**
CITY-ST-ZIP **KEENE NH 03431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SV TAYLOR, JANE F**
STREET ADDRESS **62 MAPLE AVE.**
CITY-ST-ZIP **KEENE NH 03431**

TITLE ☒ Change ☐ Addition
NAME **SV Michael J. DiRusso**
STREET ADDRESS **62 Maple Avenue**
CITY-ST-ZIP **Keene, NH 03431**

TITLE ☐ Delete
NAME **V FIEBRINK, MARK E**
STREET ADDRESS **62 MAPLE AVE.**
CITY-ST-ZIP **KEENE NH 03431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD ROBINSON, JOHN C**
STREET ADDRESS **350 E 96TH STREET**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V JOHNSON, FORREST H**
STREET ADDRESS **62 MAPLE AVE.**
CITY-ST-ZIP **KEENE NH 03431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V FONTANES, A. ALEX**
STREET ADDRESS **175 BERKELEY ST.**
CITY-ST-ZIP **BOSTON MA 02117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Stephen D. Powell

4/25/03

(603) 352-3221

Date

Daytime Phone #

CR2E034 (10/02)