

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P30862

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC5756287798**

**Entity Name:** NATIONAL ASSOCIATION FOR SHOPLIFTING PREVENTION, INC.

**Current Principal Place of Business:**

225 BROADHOLLOW ROAD  
SUITE 400E  
MELVILLE, NY 11747

**Current Mailing Address:**

225 BROADHOLLOW ROAD  
SUITE 400E  
MELVILLE, NY 11747

**FEI Number: 22-3010584**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BERLIN, PETER  
2106 NW 60TH CIRCLE  
BOCA RATON, FL 33496 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           LEVY, ROBERT  
Address        225 BROADHOLLOW ROAD  
                  SUITE 400E  
City-State-Zip: MELVILLE NY 11747

Title           DIRECTOR & SECRETARY  
Name           RUST, PETER  
Address        225 BROADHOLLOW ROAD  
                  SUITE 400E  
City-State-Zip: MELVILLE NY 11747

Title           DIRECTOR  
Name           BERLIN, PETER D  
Address        225 BROADHOLLOW ROAD  
                  SUITE 400E  
City-State-Zip: MELVILLE NY 11747

Title           DIRECTOR  
Name           BROMBERG, STEPHEN  
Address        225 BROADHOLLOW ROAD  
                  SUITE 400E  
City-State-Zip: MELVILLE NY 11747

Title           EXECUTIVE DIRECTOR  
Name           KOCHMAN, CAROLINE  
Address        225 BROADHOLLOW ROAD  
                  SUITE 400E  
City-State-Zip: MELVILLE NY 11747

Title           DIRECTOR  
Name           LAWRENCE, CRAIG  
Address        225 BROADHOLLOW ROAD  
                  SUITE 400E  
City-State-Zip: MELVILLE NY 11747

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CAROLINE KOCHMAN**

**EXECUTIVE DIRECTOR**

**03/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date