2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# 702236

Entity Name: NATIONAL ASSOCIATION OF LETTER CARRIERS, RETIREMENT, EDUCATIONAL, SECURITY, TRAINING FOUNDATION, INC.

Current Principal Place of Business:

1 NALCREST ROAD
NALCREST COMMUNITY APARTMENTS
NALCREST, FL 33856

New Principal Place of Business:

Current Mailing Address:

1 NALCREST ROAD
NALCREST COMMUNITY APARTMENTS
NALCREST, FL 33856

New Mailing Address:

FEI Number: 59-1004167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANE, GERARD
P.O. BOX 6359
7 TOWN CENTER
NALCREST, FL 33856 US

Name and Address of New Registered Agent:

KANE, GERARD
P.O. BOX 6359
1 TOWN CENTER
NALCREST, FL 33856 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: GERARD KANE 01/21/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, RONALD H
Address: 883 BERNIE LANE
City-St-Zip: MADISON HEIGHTS, MI 48071

Title: V ( ) Delete
Name: WILLIAMS, JIM
Address: 100 INDIANA AVE NW
City-St-Zip: WASHINGTON, DC 20001

Title: P ( ) Delete
Name: YOUNG, WILLIAM H
Address: 100 INDIANA AVE NW
City-St-Zip: WASHINGTON, DC 20001

Title: ST ( ) Delete
Name: BROENDEL, JANE E
Address: 100 INDIANA AVE NW
City-St-Zip: WASHINGTON, DC 20001

Title: D ( ) Delete
Name: DOLAN, JAMES
Address: 4444 TOLBUT ST
City-St-Zip: PHILADELPHIA, PA 19136

Title: VP ( ) Delete
Name: MULLINS, GARY H
Address: 100 INDIANA AVE NW
City-St-Zip: WASHINGTON, DC 20001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: WILLIAM H. YOUNG P 01/21/2005
Electronic Signature of Signing Officer or Director — Date