2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769116

Name:

Address:

City-St-Zip:

CORSO, PHILIP DR.

475 ALGONQUIN RD.

FAIRFIELD, CT 06825

FILED Mar 29, 2007 Secretary of State

Entity Name: THE NAPOLEONIC SOCIETY OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business: 1115 PONCE DE LEON BLVD. CLEARWATER, FL 33756 **Current Mailing Address: New Mailing Address:** 1115 PONCE DE LEON BLVD. CLEARWATER, FL 33756 US FEI Number: 59-2323495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLAN, DOUGLAS J ALLAN, DOUGLAS J NAPOLEONIC SOCIETY OF AMERICA THE NÁPOLEONIC SOCIETY OF AMERICA 1115 PONCE DE LEON BLVD 1115 PONCE DE LEON BOULEVARD CLEARWATER, FL 33756 US CLEARWATER, FL 33756 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: DOUGLAS J. ALLAN 03/29/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, JAK M Name: Name: 115 NORTH BROADWAY PO BOX 7213 Address: Address: City-St-Zip: TUPELO, MS 38802 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ALLAN, DOUGLAS Name: Address: 737 RUGBY ROAD Address: City-St-Zip: BRYN MAWR, PA 19010 City-St-Zip: Title: **EVP** () Delete Title: () Change () Addition OSINSKI, CHARLES JD Name: Name: Address: 740 HAMILTON ST. Address: City-St-Zip: ALLENTOWN, PA 18101 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DOUGLAS J. ALLAN PRES 03/29/2007