

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815809

FILED  
Mar 01, 2012  
Secretary of State

Entity Name: NID CORPORATION

**Current Principal Place of Business:**

15436 N FLORIDA AVENUE  
SUITE 200  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

15436 N FLORIDA AVENUE  
SUITE 200  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 34-0652556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: PALERMO, JAMES D  
Address: 15436 N FLORIDA AVENUE STE 200  
City-St-Zip: TAMPA, FL 33613 US

Title: P/D  
Name: DEBARTOLO, CYNTHIA R  
Address: 15436 N FLORIDA AVENUE STE 200  
City-St-Zip: TAMPA, FL 33613 US

Title: CFO  
Name: MALLITZ, DAVID S  
Address: 15436 N FLORIDA AVENUE STE 200  
City-St-Zip: TAMPA, FL 33613 US

Title: V/D  
Name: DEBARTOLO, LISA M  
Address: 15436 N FLORIDA AVENUE STE 200  
City-St-Zip: TAMPA, FL 33613 US

Title: V  
Name: HENNI, GEZA  
Address: 15436 N FLORIDA AVE STE 200  
City-St-Zip: TAMPA, FL 33613

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

SIGNATURE: JAMES D PALERMO

S

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date