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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**CORPORATION
ANNUAL REPORT
1995**

**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 827968 (9)

**1. Corporation Name
NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION**

**Principal Place of Business Mailing Address
2201 COOPERATIVE WAY 2201 COOPERATIVE WAY
HERNDON VA 22071-3025 HERNDON VA 22071-3025**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 05/15/1972 3a. Date of Last Report 05/01/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		52-0891669		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
24	25	29	30				
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable **NOTE: Registered Agent signature required when re-issuing** _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLY, STEVEN L.	1.2 NAME	
STREET ADDRESS	2201 COOPERATIVE WAY	1.3 STREET ADDRESS	
CITY, ST, ZIP	HERNDON VA 22071-3025	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARIKER J. CHRIS	2.2 NAME	
STREET ADDRESS	P.O. BOX 280 N/A	2.3 STREET ADDRESS	
CITY, ST, ZIP	STIGLER OK 74482	2.4 CITY, ST, ZIP	
TITLE	PD	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, BILL	3.2 NAME	Bye, Garry
STREET ADDRESS	PO BOX 2147 N/A	3.3 STREET ADDRESS	P. O. Box 39
CITY, ST, ZIP	DENTON FL 76202	3.4 CITY, ST, ZIP	Braham, MN 55006
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITCHFORD, TERRY	4.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 98	4.3 STREET ADDRESS	
CITY, ST, ZIP	COLUMBIA AL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELESS, RALPH L.	5.2 NAME	
STREET ADDRESS	PO BOX 240 NA	5.3 STREET ADDRESS	
CITY, ST, ZIP	CENTERVILLE TN	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT O	6.2 NAME	
STREET ADDRESS	P.O. BOX 150 N/A	6.3 STREET ADDRESS	
CITY, ST, ZIP	YORK SC 29745	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Steven L. Lilly, Asst. Secretary-Treasurer, CFO** **4/27/95** **(703) 709-6700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Name)