

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827968

1. Entity Name

NATIONAL RURAL UTILITIES COOPERATIVE FINANCE COR

Principal Place of Business

2201 COOPERATIVE WAY  
HERNDON VA 22071-3025

Mailing Address

2201 COOPERATIVE WAY  
HERNDON VA 20171-3081

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-0891669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:-  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME HAM, BENSON  
STREET ADDRESS PO BOX 403  
CITY-ST-ZIP SMARR GA 31086

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SLOAN, R B  
STREET ADDRESS P.O. BOX 1831  
CITY-ST-ZIP STATESVILLE NC 28687-1831

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME HENSEL, WADE  
STREET ADDRESS P.O. BOX 8  
CITY-ST-ZIP MANKATO MN 56002-0008

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE GCEO ☐ Delete  
NAME PETERSEN, SHELDON  
STREET ADDRESS 2201 COOPERATIVE WAY  
CITY-ST-ZIP HERNDON VA 22071-3025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCFO ☐ Delete  
NAME LILLY, STEVEN L  
STREET ADDRESS ROUTE 2, LOT 35  
CITY-ST-ZIP BEALETON VA 22712

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME OCCHI, ROBERT J  
STREET ADDRESS P.O. BOX 2430  
CITY-ST-ZIP BAY ST LOUIS MS 39521

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90070 049 \*\*\*\*61.25

CR2E037 (9/99)

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