

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 827968

1. Entity Name
NATIONAL RURAL UTILITIES COOPERATIVE FINANCE COR

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



DO NOT WRITE IN THIS SPACE

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**

Name

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

City **FL** Zip Code

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

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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAM, BENSON	NAME	
STREET ADDRESS	PO BOX 403	STREET ADDRESS	
CITY-ST-ZIP	SMARR GA 31086	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, R B	NAME	
STREET ADDRESS	P.O. BOX 1831	STREET ADDRESS	
CITY-ST-ZIP	STATESVILLE NC 28687-1831	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSEL, WADE	NAME	
STREET ADDRESS	P.O. BOX 8	STREET ADDRESS	
CITY-ST-ZIP	MANKATO MN 56002-0008	CITY-ST-ZIP	
TITLE	GCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, SHELDON	NAME	
STREET ADDRESS	2201 COOPERATIVE WAY	STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA 22071-3025	CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLY, STEVEN L	NAME	
STREET ADDRESS	ROUTE 2, LOT 35	STREET ADDRESS	
CITY-ST-ZIP	BEALETON VA 22712	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCCHI, ROBERT J	NAME	
STREET ADDRESS	P.O. BOX 2430	STREET ADDRESS	
CITY-ST-ZIP	BAY ST LOUIS MS 39521	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] **1/25/2000** **703-709 6718**

DATE DAYTIME PHONE #

CR2E037 (9/99)