

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827968

FILED
Apr 20, 2009
Secretary of State

Entity Name: NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION

Current Principal Place of Business:

2201 COOPERATIVE WAY
HERNDON, VA 220713025

New Principal Place of Business:

Current Mailing Address:

2201 COOPERATIVE WAY
HERNDON, VA 220713025

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/T () Delete
Name: MCBRIDE, REV. BEN
Address: 98 N. 1000 W
City-St-Zip: PIMA, AZ 85543

Title: VP () Delete
Name: SCHRIVER, DARRYL
Address: 1610 N. FIRST ST. PO BOX 50
City-St-Zip: MERKEL, TX 79536

Title: P () Delete
Name: ARTHUR, ROGER
Address: 18286 170TH ST
City-St-Zip: SUMNER, IA 50674

Title: GCEO () Delete
Name: PETERSEN, SHELDON
Address: 2201 COOPERATIVE WAY
City-St-Zip: HERNDON, VA 220713025

Title: VCFO () Delete
Name: LILLY, STEVEN L
Address: ROUTE 2, LOT 35
City-St-Zip: BEALETON, VA 22712

Title: D () Delete
Name: CRANFORD, DELBERT M
Address: 463 SHAMROCK DR
City-St-Zip: NEW LONDON, NC 28127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHRIVER, DARRYL
Address: P O BOX 250
City-St-Zip: MERKEL, TX 79536

Title: VP (X) Change () Addition
Name: MCBRIDE, REUBEN
Address: P. O. DRAWER B
City-St-Zip: PIMA, AZ 85543

Title: S/T (X) Change () Addition
Name: J. DAVID, WASSON JR
Address: P O BOX 700
City-St-Zip: LAURENS, SC 29360

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CRANFORD, DELBERT M
Address: P O BOX 40
City-St-Zip: ASHBORO, NC 27204

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: STEVEN L. LILLY

CFO

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date