2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# 837442

Entity Name: NATIONAL HOT ROD ASSOCIATION, INC.

Current Principal Place of Business:

2035 FINANCIAL WAY
GLENDORA, CA 91741 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 5555
GLENDORA, CA 91741 US

New Mailing Address:

2035 FINANCIAL WAY
GLENDORA, CA 91741 US

FEI Number: 95-1686172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, RICHARD T.
408 W UNIVERSITY AVE
STE 500
GAINESVILLE, FL 33601 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:	CD	( ) Delete
Name:	GARDNER, DALLAS	
Address:	2035 FINANCIAL WAY	
City-St-Zip:	GLENDORA, CA 91741	
Title:	SD	( ) Delete
Name:	WELLS, DICK	
Address:	2035 FINANCIAL WAY	
City-St-Zip:	GLENDORA, CA 91741	
Title:	AS	( ) Delete
Name:	JONES, RICHARD T.	
Address:	408 W UNIVERSITY AVE STE 500	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	PTD	( ) Delete
Name:	COMPTON, TOM	
Address:	2035 FINANCIAL WAY	
City-St-Zip:	GLENDORA, CA 91741	
Title:	D	( ) Delete
Name:	CLIFFORD, PETER	
Address:	2035 FINANCIAL WAY	
City-St-Zip:	GLENDORA, CA 91741	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PETER CLIFFORD D 06/24/2009
Electronic Signature of Signing Officer or Director — Date