

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 857544 (1)
1. Corporation Name
THE NATIONAL CORPORATION

Principal Place of Business
11611 N MERIDIAN STREET
SUITE 600
CARMEL IN 46032
US

Mailing Address
P.O. BOX 8070
INDIANAPOLIS IN 46206
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/26/1983

4. FEI Number
35-1283740
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME YERRILL, VICTOR M
STREET ADDRESS 61 BROADWAY
CITY-ST-ZIP NEW YORK NY ☐ DELETE

1.1 TITLE CD
1.2 NAME YERRILL, VICTOR M.
1.3 STREET ADDRESS 61 BROADWAY
1.4 CITY-ST-ZIP NEW YORK, NY ☒ Change ☐ Addition

TITLE SV
NAME OROL, ELLIOT S.
STREET ADDRESS 61 BROADWAY
CITY-ST-ZIP NEW YORK NY ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME HASKOWITZ, HOWARD
STREET ADDRESS 61 BROADWAY
CITY-ST-ZIP NEW YORK NY ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME KENNEDY JAMES J
STREET ADDRESS 11611 N MERIDIAN STREET #600
CITY-ST-ZIP CARMEL IN ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME BALLARD, EUGENE G.
STREET ADDRESS 61 BROADWAY
CITY-ST-ZIP NEW YORK NY ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE V
NAME POZDOL, MICHAEL
STREET ADDRESS 61 BROADWAY
CITY-ST-ZIP NEW YORK NY ☒ DELETE

6.1 TITLE D
6.2 NAME ZARANDONA, JOSEPH L.
6.3 STREET ADDRESS 61 BROADWAY
6.4 CITY-ST-ZIP NEW YORK, NY ☐ Change ☒ Addition

14. 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 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: *Sandra B. Mortham*

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