

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90228 015 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 857544**

1. Corporation Name

**THE NATIONAL CORPORATION**

(1)

Principal Place of Business

**11611 N MERIDIAN STREET  
SUITE 600  
CARMEL IN 46032  
US**

Mailing Address

**P.O. BOX 6070  
INDIANAPOLIS IN 46206  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/26/1983**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

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

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. Zip Code

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YERRILL, VICTOR M</b>	
STREET ADDRESS	<b>61 BROADWAY</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> DELETE
NAME	<b>OROL, ELLIOT S.</b>	
STREET ADDRESS	<b>61 BROADWAY</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HASKOWITZ, HOWARD</b>	
STREET ADDRESS	<b>61 BROADWAY</b>	
CITY - ST - ZIP	<b>NEW YORK NE</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KENNEDY JAMES J</b>	
STREET ADDRESS	<b>11611 N MERIDIAN STREET #600</b>	
CITY - ST - ZIP	<b>CARMEL IN</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>BALLARD, EUGENE G.</b>	
STREET ADDRESS	<b>61 BROADWAY</b>	
CITY - ST - ZIP	<b>NEW YORK NE</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POZDOL, MICHAEL</b>	
STREET ADDRESS	<b>61 BROADWAY</b>	
CITY - ST - ZIP	<b>NEW YORK NE</b>	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JEAN, ROGER L</b>	
1.3 STREET ADDRESS	<b>62 MAPLE AVE</b>	
1.4 CITY - ST - ZIP	<b>KEENE NH 03413</b>	
2.1 TITLE	<b>TV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>OROL, ELLIOT S.</b>	
2.3 STREET ADDRESS	<b>61 BROADWAY</b>	
2.4 CITY - ST - ZIP	<b>NEW YORK NY</b>	
3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HASKOWITZ, HOWARD</b>	
3.3 STREET ADDRESS	<b>61 BROADWAY</b>	
3.4 CITY - ST - ZIP	<b>NEW YORK NY</b>	
4.1 TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BUDDE, MARK</b>	
4.3 STREET ADDRESS	<b>11611 N MERIDIAN STREET #600</b>	
4.4 CITY - ST - ZIP	<b>CARMEL IN</b>	
5.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>FIEBRINK, MARK E</b>	
5.3 STREET ADDRESS	<b>62 MAPLE AVE</b>	
5.4 CITY - ST - ZIP	<b>KEENE NH 03413</b>	
6.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>ZARANDONA, JOSEPH L.</b>	
6.3 STREET ADDRESS	<b>61 BROADWAY</b>	
6.4 CITY - ST - ZIP	<b>NEW YORK, NY</b>	

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:

*Mark E. Fiebrink*

4/26/99

(317) 816-3400