

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90052 012 ***150.00

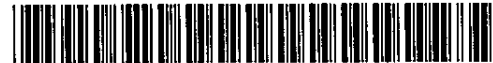
DOCUMENT # 857544

1. Entity Name
THE NATIONAL CORPORATION



Principal Place of Business
**350 E. 96TH ST.
INDIANAPOLIS, IN 46240 US**

Mailing Address
**62 MAPLE AVE.
KEENE, NH 03431 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004 Chg-P CR2E034 (10/03)

4. FEI Number
35-1283740

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
CT Corporation System

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

1200 South Pine Island Rd

City

Plantation

FL

Zip Code
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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME **POWELL, STEPHEN D**
STREET ADDRESS **62 MAPLE AVE**
CITY-ST-ZIP **KEENE, NH 03431**

SV ☐ Delete
NAME **DIRUSSO, MICHAEL J**
STREET ADDRESS **62 MAPLE AVE.**
CITY-ST-ZIP **KEENE, NH 03431**

V ☒ Delete
NAME **FIEBRINK, MARK E**
STREET ADDRESS **62 MAPLE AVE.**
CITY-ST-ZIP **KEENE, NH 03431**

PD ☒ Delete
NAME **ROBINSON, JOHN C**
STREET ADDRESS **350 E 96TH STREET**
CITY-ST-ZIP **INDIANAPOLIS, IN 46240**

V ☐ Delete
NAME **JOHNSON, FORREST H**
STREET ADDRESS **62 MAPLE AVE.**
CITY-ST-ZIP **KEENE, NH 03431**

V ☐ Delete
NAME **FONTANES, A. ALEX**
STREET ADDRESS **175 BERKELEY ST.**
CITY-ST-ZIP **BOSTON, MA 02117**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **13 Riverside Rd., Bldg 2**
CITY-ST-ZIP **Weston, MA 02493**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President ☐ Change ☒ Addition
NAME **Gary J. Ostrow**
STREET ADDRESS **175 Berkerly St.**
CITY-ST-ZIP **Boston, MA 02117**

Vice President & CEO ☐ Change ☒ Addition
NAME **Kevin J. Kirschner**
STREET ADDRESS **350 E. 96th St.**
CITY-ST-ZIP **Indianapolis, IN 46240**

Sr. Vice President & Director ☒ Change ☐ Addition
NAME **Forrest H. Johnson**
STREET ADDRESS **175 Berkerly St**
CITY-ST-ZIP **Boston, MA 02117**

Exe.V.P. & CIO ☒ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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: **Michael J. DiRusso**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

Date

603-352-3221

Daytime Phone #