04-19-2001 90290 034 \*\*\*\*61.25

# DOCUMENT # F0000005380

1. Entity Name

THE AMERICAN TAXPAYERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10306 REGENCY PARKWAY DRIVE

10306 REGENCY PARKWAY DRIVE

OMAHA NE 68114			OMAHA NE 68114								
						<b>           </b>	ISNI <b>ar</b> na <b>na</b> na arnii bona	A Bill Criik Bai	<b>11 21152</b> (1)	AL LENG BOIR IA DE	
2. Principal	Place of Busin	ess	3. Mailing Address								
		ton Avenue	1160 North Dutton Avenue			1 1001161	IIKI BUSIK UDIKI UUSIK UUSIK		<b>ai 8</b> (188 ()):	AL CARLE BOIL INAL	
Suite, Apt		con menae	Suite, Apt. #, etc.				DO NOT WRITE	I (A) THIC CO	2405		
Suite 2			Suite 200				DO NOT WHITE	in inio or	ACE		
City & Sta			City & State			4. FEI Numbe	nr.			Applied For	
Santa Rosa, CA			Santa Rosa, CA -			4. 1 El (40/11be	47-0833849		<del> </del>	Not Applicable	
Zip Country		Zip Zip	Country								
95401		,	95401			5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current					7	7. Name and Address of New Registered Agent					
			<u> </u>	Name				<u></u>	,		
C T COR	PORATION :	SYSTEM		Street	Street Address (P.O. Box Number is Not Accepta						
1200 SOUTH PINE ISLAND ROAD				-							
	10N FL 333										
				City				FL	Zip Co	ode	
			*****								
8. The above	e named entity	submits this statement for	the purpose of changing its r	egistered office	or registered	agent, or both	n, in the state of Flori	da.			
SIGNATURE		or printed name of registered agent ar	d title if applicable (NOTE:	Registered Agent signa	atura ranguland uha	on reinstation)	·	DATE			
	organico, types t	or princed mainle of registered agent at	id title ii applicadie. (NOTE.	magistared Agent signi	atore required whi	eu terustanuß)		DATE			
							•				
							00 May Be Make Check Payable to				
FEE IS \$61.25			Trust Fund Contribution.		Added to				artment of State		
40		OFFICERO AUB BIS	07000	<b>.</b>							
10.	DD	OFFICERS AND DIRE		11.	ADI	DITIONS/CHA	NGES TO OFFICERS				
TITLE	PD	5.44UE1 11	☐ Delete	TITLE	See a	ttached	list		X Change	. 🔲 Addition	
NAME	WALKER,			NAME				•			
STREET ADDRESS		DOCINO AVENUE, SUIT	E 202	STREET ADDRESS	1	,				1	
CITY-ST-ZIP	7	OSA CA 95403		CITY-ST-ZIP							
TITLE	VSTV		☐ Delete	TITLE	Soo o	++00601	14-4		XI Change	☐ Addition	
NAME		ICHAEL D	a market to progress the	NAME	see a	ttached	list ~	- 244	er er er		
STREET ADDRESS		idocino avenue, suti	TE 202	STREET ADDRESS						-	
CITY-ST-ZIP	SANTA RO	OSA CA 95403		CITY-ST-ZIP							
TITLE	D		☐ Delete	TITLE	See at	ttached	liet	į.	X Change	☐ Addition	
NAME	trude, ti	HOMAS	,	NAME	000 a	ccacnea	1131				
STREET ADDRESS		Docino avenue, suit	E 202	STREET ADDRESS						{	
CITY-ST-ZIP	SANTA RO	ISA CA 95403		CITY-ST-ZIP							
TITLE	D		☐ Delete	TITLE	See at	ttached	lict	Ō	Change	Addition	
NAME	HAKEL, Th	IOMAS A		NAME	July at	ccacned	1180			_	
STREET ADDRESS	2755 MEN	docino avenue, suit	E 202	STREET ADDRESS							
CITY-ST-ZIP		SA CA 95403		CITY-ST-ZIP						ł	
TITLE	D	<u> </u>	☐ Delete	TITLE	1			Г	Change	☐ Addition	
NAME	BARRETT,	FRANK J		NAME							
STREET ADDRESS	,	SENCY PARKWAY DRIVI		STREET ADDRESS					•	- 1	
CITY-ST-ZIP	OMAHA N			CITY-ST-ZIP						)	
TITLE			☐ Delete	TITLE				г	7 Chana		
			- Delete	177.22	1			L	] Change	☐ Addition	

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 accurage and that rify 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 in Block 10 or Block 11 if changed, or on an attachment with all address, with all other five empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SISING V. Walker Control V. Walker Control OF PRINTED AND PRINTED

4-12-01

707/579-4383

Daytime Phone #

attachment 1044 FOUXXX DUS380 BOB1517

#### **OFFICERS AND DIRECTORS**

### THE AMERICAN TAXPAYERS ASSOCIATION

### OFFICERS:

DANIEL V. WALKER 1160 N. DUTTON AVENUE, SUITE 200 SANTA ROSA, CA 95401 **PRESIDENT** 

MICHAEL D. LOPEZ 1160 N. DUTTON AVENUE, SUITE 200 SANTA ROSA, CA 95401

VICE PRESIDENT, SECRETARY & TREASURER

## DIRECTORS:

DANIEL V. WALKER 1160 N. DUTTON AVENUE, SUITE 200 SANTA ROSA, CA 95401

MICHAEL D. LOPEZ 1160 N. DUTTON AVENUE, SUITE 200 SANTA ROSA, CA 95401

THOMAS A. HAKEL 1160 N. DUTTON AVENUE, SUITE 200 SANTA ROSA, CA 95401

THOMAS TRUDE 1160 N. DUTTON AVENUE, SUITE 200 SANTA ROSA, CA 95401

FRANK J. BARRETT 10306 REGENCY PARKWAY DRIVE OMAHA, NE 68114