2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# F04000002669

Entity Name: NATIONAL LAMBDARAIL, INC.

Current Principal Place of Business:

5757 PLAZA DR, STE 205
MR. THOMAS WEST, NATIONAL LAMBDARAIL, INC
CYPRESS, CA 90630

New Principal Place of Business:

Current Mailing Address:

5757 PLAZA DR, STE 205
MR. THOMAS WEST, NATIONAL LAMBDARAIL, INC
CYPRESS, CA 90630

New Mailing Address:

FEI Number: 37-1470984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	PRES	( ) Delete
Name:	WEST, THOMAS W	
Address:	5757 PLAZA DRIVE	
City-St-Zip:	CYPRESS, CA 90630	
Title:	TREA	( ) Delete
Name:	CONRAD, LARRY	
Address:	C6100 UNIVERSITY CENTER	
City-St-Zip:	TALLAHASSEE, FL 32306 26	
Title:	SEC.	( ) Delete
Name:	MEEHL, MARLA	
Address:	UCAR, P.O. BOX 3000	
City-St-Zip:	BOULDER, CO 80307	
Title:	D	( ) Delete
Name:	FUTHEY, TRACY	
Address:	DUKE UNIVERSITY, BOX 90009	
City-St-Zip:	DURHAM, NC 27708	
Title:	D	( ) Delete
Name:	UPDEGROVE, DANIEL	
Address:	LEARN, P.O. BOX 7407, MCG9800	
City-St-Zip:	AUSTIN, TX 78713	
Title:	D	( ) Delete
Name:	BLYTHE, ERVING	
Address:	VIR. POLYTECH, 327 BURRUSS HALL	
City-St-Zip:	BLACKSBURG, VA 24061	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TREA	(X) Change ( ) Addition
Name:	NEWMAN, J. RICHARD	
Address:	150 W. UNIVERSITY BLVD.	
City-St-Zip:	MELBOURNE, FL 32901	
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: THOMAS W. WEST PRES 01/25/2008

Electronic Signature of Signing Officer or Director — Date