## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005612

Entity Name: NLADA SERVICE CORPORATION

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1140 CONNECTICUT AVE., NW #900 WASHINGTON, DC 20036			SUITE 900	1140 CONNECTICUT AVE., NW SUITE 900 WASHINGTON, DC 20036	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
1140 CONNECTICUT AVE., NW #900 WASHINGTON, DC 20036			SUITE 900	1140 CONNECTICUT AVE., NW SUITE 900 WASHINGTON, DC 20036	
FEI Number:	52-1862193	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
1267 BERN TARPON S The above in the State	of Florida.	34688 US	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title: Name:	LYONS, CLINT 600 M STREET WASHINGTON	Г SW #418A , DC 20024 ) Delete	Title: Name: Address: City-St-Zip: Title: Name:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Address: City-St-Zip: Title: Name:	913 O STREET WASHINGTON	「NW , DC 20001 ) Delete	Address: City-St-Zip: Title: Name:	( ) Change( ) Addition	
Address: City-St-Zip:	645 GRISWAL DETROIT, MI	D #3300 PENOBSCOTT BLDG 48226	Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D ( JOHNSON, LIL 305 S. 2ND AV PHOENIX, AZ	E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LONDEN, JACI	TICUT AVE. NW #900	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( LANE, JEREM' 430 FIRST AVI MINNEAPOLIS	E. N. #300	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: KEVIN HORSTED VS 04/24/2007