


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000005612 1. Entity Name NLADA SERVICE CORPORATION	
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Principal Place of Business 1140 CONNECTICUT AVE., NW SUITE 900 WASHINGTON, DC 20036	Mailing Address 1140 CONNECTICUT AVE., NW SUITE 900 WASHINGTON, DC 20036
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01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1862193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HATCH, JOHN D ESQ
1267 BERKSHIRE LANE
TARPON SPRINGS, FL 34688**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LYONS, CLINTON 600 M STREET SW #418A WASHINGTON, DC 20024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HORSTED, KEVIN D 913 O STREET NW WASHINGTON, DC 20001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEUHARD, JAMES 645 GRISWOLD #3300 PENOBSCOTT BLDG DETROIT, MI 48226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LILLIAN 305 S. 2ND AVE PHOENIX, AZ 85003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDEN, JACK 1140 CONNECTICUT AVE. NW #900 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, JEREMY 430 FIRST AVE. N. #300 MINNEAPOLIS, MD 55401

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

1/11/08

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