2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2009
Secretary of State

DOCUMENT# F05000005612

Entity Name: NLADA SERVICE CORPORATION

Current Principal Place of Business:

1140 CONNECTICUT AVE., NW
SUITE 900
WASHINGTON, DC 20036

New Principal Place of Business:

Current Mailing Address:

1140 CONNECTICUT AVE., NW
SUITE 900
WASHINGTON, DC 20036

New Mailing Address:

FEI Number: 52-1862193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LANE
TARPON SPRINGS, FL 34688 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:	PCEO	( ) Delete
Name:	LYONS, CLINTON	
Address:	600 M STREET SW #418A	
City-St-Zip:	WASHINGTON, DC 20024	
Title:	VS	( ) Delete
Name:	HORSTED, KEVIN D	
Address:	913 O STREET NW	
City-St-Zip:	WASHINGTON, DC 20001	
Title:	TD	( ) Delete
Name:	NEUHARD, JAMES	
Address:	645 GRISWALD #3300 PENOBSCOTT BLDG	
City-St-Zip:	DETROIT, MI 48226	
Title:	D	( ) Delete
Name:	JOHNSON, LILLIAN	
Address:	305 S. 2ND AVE	
City-St-Zip:	PHOENIX, AZ 85003	
Title:	D	( ) Delete
Name:	LONDEN, JACK	
Address:	1140 CONNECTICUT AVE. NW #900	
City-St-Zip:	WASHINGTON, DC 20036	
Title:	D	( ) Delete
Name:	LANE, JEREMY	
Address:	430 FIRST AVE. N. #300	
City-St-Zip:	MINNEAPOLIS, MD 55401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: STACEY MORSE AVP 05/21/2009
Electronic Signature of Signing Officer or Director — Date