

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000009

FILED
Jan 09, 2012
Secretary of State

Entity Name: THE NATIONAL ASSOCIATION OF LEGAL SEARCH CONSULTANTS, INC.

Current Principal Place of Business:

1525 N. PARK DRIVE
#102
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1525 N. PARK DRIVE
#102
WESTON, FL 33326

New Mailing Address:

FEI Number: 36-3532267

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: P
Name: SIRRAS, MARINA
Address: 420 LEXINGTON AVE, SUITE 2545
City-St-Zip: NEW YORK, NY 10170

Title: S
Name: SHAPIRO, LIZ
Address: 210 W. RITTENHOUSE, SUITE 1900
City-St-Zip: PHILADELPHIA, PA 19103

Title: VP
Name: ASHENBERG, HELENE
Address: 100 PARK AVENUE, 34 FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: VP
Name: BUNT, ABBE M
Address: 2500 HOLLYWOOD BLVD, SUITE 202
City-St-Zip: HOLLYWOOD, FL 33020

Title: T
Name: FREEDMAN, JOSEPH
Address: 209 - 10 AVENUE, SOUTH, SUITE 132
City-St-Zip: NASHVILLE, TN 37203

Title: ED
Name: ANKUS, JOSEPH
Address: 1525 N. PARK DRIVE #102
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH ANKUS

ED

01/09/2012

Electronic Signature of Signing Officer or Director

_____ Date