

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90002 048 ***150.00

DOCUMENT # F92000000119

1. Entity Name

NPC OF AMERICA, INC.

Principal Place of Business

P.O. BOX 24068
LANSING MI 48909

Mailing Address

P.O. BOX 24068
LANSING MI 48909

2. Principal Place of Business

401 WILSHIRE BLVD

Suite, Apt. #, etc.

SUITE 1100

City & State

SANTA MONICA, CA

Zip

90401

Country

USA

3. Mailing Address

1 CORPORATE WAY

Suite, Apt. #, etc.

ATTN: TAX DEPT S35

City & State

LANSING, MI

Zip

48951

Country

USA

4. FEI Number

38-3023534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	CLIFFORD, JACK J	
STREET ADDRESS	5901 EXECUTIVE DRIVE	
CITY-ST-ZIP	LANSING MI 48911	
TITLE	V	☒ Delete
NAME	ELLIOTT, JAY	
STREET ADDRESS	5901 EXECUTIVE DR	
CITY-ST-ZIP	LANSING MI	
TITLE	SV	☐ Delete
NAME	SIMON, JAMES L	
STREET ADDRESS	5901 EXECUTIVE DR	
CITY-ST-ZIP	LANSING MI	
TITLE	D	☐ Delete
NAME	HOPPING, ANDREW B	
STREET ADDRESS	5901 EXECUTIVE DRIVE	
CITY-ST-ZIP	LANSING MI	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS	401 WILSHIRE BLVD, STE 1100	
CITY-ST-ZIP	SANTA MONICA, CA 90401	
TITLE	D	☐ Change ☒ Addition
NAME	MICHAEL A. WELLS	
STREET ADDRESS	401 WILSHIRE BLVD, STE 1100	
CITY-ST-ZIP	SANTA MONICA, CA 90401	
TITLE	D/S	☒ Change ☐ Addition
NAME		
STREET ADDRESS	1 CORPORATE WAY	
CITY-ST-ZIP	LANSING, MI 48951	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1 CORPORATE WAY	
CITY-ST-ZIP	LANSING, MI 48951	
TITLE	P	☐ Change ☒ Addition
NAME	M. SHAWN DREFFEIN	
STREET ADDRESS	401 WILSHIRE BLVD, STE 1100	
CITY-ST-ZIP	SANTA MONICA, CA 90401	
TITLE	T	☐ Change ☒ Addition
NAME	PETER M. JOHNSON	
STREET ADDRESS	1428 MIDWAY ROAD	
CITY-ST-ZIP	MENASHA, WI 54952	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

JAMES L. SIMON

Date

Daytime Phone #

1/18/01 517-702-2468

CR2E034 (10/00)