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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000002083 (4)

1. Corporation Name  
NATIONAL PROPERTY ACQUISITIONS, INC.

Principal Place of Business  
260 LONG RIDGE ROAD  
STAMFORD CT 06927

Mailing Address  
260 LONG RIDGE ROAD  
STAMFORD CT 06927-1800



3. Date Incorporated or Qualified 04/26/1993  
3a. Date of Last Report 04/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number 06-1345147  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FRAIZER, M D  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

TITLE D  
NAME DETERDING, J C  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

TITLE VPD  
NAME HENRY, D B  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

TITLE VP  
NAME THURMAN, C B  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

TITLE VPT  
NAME AMBLE, J C  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

TITLE VP  
NAME LINCOLN, B R  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT 06927 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASST TREAS - TAX ☐ Change ☒ Addition  
1.2 NAME GARY S. Schulman  
1.3 STREET ADDRESS 260 Long Ridge Rd  
1.4 CITY-ST-ZIP Stamford, CT 06927

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GARY S. Schulman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97

Date

213-357-4544

Daytime Phone #

0001847

CR2E034 (9/96)