

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004427

FILED
Feb 13, 2012
Secretary of State

Entity Name: NATIONAL FACILITIES CORP.

Current Principal Place of Business:

C/O ANDREW L. BREECH, DEALER OPERATING
2120 WILSHIRE BLVD., SUITE 400
SANTA MONICA, CA 90403

New Principal Place of Business:

Current Mailing Address:

C/O ANDREW L. BREECH, DEALER OPERATING
2120 WILSHIRE BLVD., SUITE 400
SANTA MONICA, CA 90403

New Mailing Address:

FEI Number: 95-1990905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLOSSER, RICHARD A
500 EAST KENNEDY BLVD., SUITE 200
TAMPA, FL 33602 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: PD
Name: BREECH, ANDREW L
Address: 2120 WILSHIRE BLVD., SUITE 400
City-St-Zip: SANTA MONICA, CA

Title: SD
Name: WOODS, BRIAN R
Address: 2120 WILSHIRE BLVD., SUITE 400
City-St-Zip: SANTA MONICA, CA

Title: VD
Name: HAENSLI, RICHARD A
Address: 16191 FROST ROAD
City-St-Zip: CALDWELL, ID

Title: D
Name: RASMUSSEN, RICHARD G
Address: 199 LOS ROBLES AVE. #600
City-St-Zip: PASADENA, CA 91101

Title: D
Name: CORDON, FRANK
Address: 2120 WILSHIRE BLVD, SUITE 400
City-St-Zip: SANTA MONICA, CA 90403

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW L BREECH

D

02/13/2012

Electronic Signature of Signing Officer or Director

Date