SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004606 (0)

1. Corporation Name

NATIONAL BUSINESS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 18TH STREET NW SUITE 500 WASHINGTON DC 20036	1200 18TH STREET NW SUITE 500 WASHINGTON DC 20036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 04/11/1994
4. FEI Number: 52-1556575 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORP. SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	Director ☐ Change ☑ Addition
NAME	RUMFELT, THOMAS B	12 NAME	Gregory M. Schueller
STREET ADDRESS	244 E. PARK AVE	13 STREET ADDRESS	2455 East 51st Street, Tulsa, OK 74105
CITY-ST-ZIP	LAKE WALES FL	14 CITY-ST-ZIP	
TITLE	~~VC~~	21 TITLE	Director ☐ Change ☑ Addition
NAME	~~CARPENTER, MILTON O~~	22 NAME	Ronald D. Butler
STREET ADDRESS	~~135 SE AVENUE C~~	23 STREET ADDRESS	901 Cherry Street, Ranger, TX 76470
CITY-ST-ZIP	~~BELLE GLADE FL~~	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	Director ☐ Change ☑ Addition
NAME	THOMAS, L. RAY	32 NAME	Gary L. Cox
STREET ADDRESS	1629 S. LAFAYETTE ST	33 STREET ADDRESS	1719 West University Road; Suite 188
CITY ST ZIP	SHELBY NC	34 CITY ST ZIP	Tempe, AZ 85281
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HIATT, J. DREW	42 NAME	
STREET ADDRESS	4707 COLONEL EWELL CT	43 STREET ADDRESS	
CITY ST ZIP	UPPER MARLBORO MD	44 CITY ST ZIP	
TITLE		51 TITLE	Director ☐ Change ☑ Addition
NAME		52 NAME	Theodore M. Hart
STREET ADDRESS		53 STREET ADDRESS	9 South Hickory, Bel Air, MD 21014
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 06/26/95 (800) 989-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS D. RUMFELT, CHAIRMAN

00018530