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FILED

Feb 27 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 # F94000004443 (7)

1. Corporation Name

NU SKIN INTERNATIONAL, INC.

Principal Place of Business

75 W. CENTER ST.  
PROVO UT 84601

Mailing Address

75 W. CENTER ST.  
PROVO UT 84601-4432



3. Date Incorporated or Qualified  
08/25/1994

3a. Date of Last Report  
02/02/1996

4. FEI Number

87-0416910

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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 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	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MICHAEL D	
STREET ADDRESS	75 W. CENTER ST.	
CITY - ST - ZIP	PROVO UT 84601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINEGAR, MAX	
STREET ADDRESS	75 W. CENTER ST.	
CITY - ST - ZIP	PROVO UT 84601	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HALLS, KEITH	
STREET ADDRESS	75 W CENTER ST.	
CITY - ST - ZIP	PROVO UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESPLIN, MAX	
STREET ADDRESS	75 W. CENTER ST.	
CITY - ST - ZIP	PROVO UT 84601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATCH, RENN M	
STREET ADDRESS	75 W. CENTER ST.	
CITY - ST - ZIP	PROVO UT 84601	
TITLE	PTC	<input type="checkbox"/> DELETE
NAME	RONEY, BLAKE M	
STREET ADDRESS	75 W. CENTER ST.	
CITY - ST - ZIP	PROVO UT 84601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARTVIGSEN, RICH	
1.3 STREET ADDRESS	75 WEST CENTER	
1.4 CITY - ST - ZIP	PROVO, UT 84601	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

801 345-6000

CR2E034 (9/96)