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Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F95000002920 (5)**

1. Corporation Name
NRAI SERVICES, INC.

Principal Place of Business	Mailing Address
10 WOLF PACK CT. HAMILTON NJ 08619	10 WOLF PACK CT. HAMILTON NJ 08619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/16/1995

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 13-3837683	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVE. STE. 200 TALLAHASSEE FL 32302	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	HOWARTH, DENNIS E		1.2 NAME	Stephen Craig	
STREET ADDRESS	10 WOLF PACK CT.		1.3 STREET ADDRESS	737 Millbrook Rd.	
CITY-ST-ZIP	HAMILTON NJ 08619		1.4 CITY-ST-ZIP	River Edge, NJ 07661	
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TARZIAN, DENNIS		2.2 NAME		
STREET ADDRESS	576 HIGHLAND AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGEWOOD NJ 07450		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BACLET, CHARLES		3.2 NAME		
STREET ADDRESS	2030 MAIN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92714		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ASH, EILEEN		4.2 NAME		
STREET ADDRESS	644 GREENMAN COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEAFORD NY 11783		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, JOHN		5.2 NAME		
STREET ADDRESS	1212 GUADALUPE		5.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX 78701		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOPTON, JANICE		6.2 NAME		
STREET ADDRESS	101 CAPITOL WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	OLYMPIA WA 98501-1077		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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 added on an attachment with an address.

SIGNATURE: _____ Dennis E. Howarth, President 3/25/98 (609)586-7212