2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90059 029 ***150.00

DOCUMENT # F95000002920

1. Entity Name

NRAI SERVICES, INC.

Principal Place of Business	Mailing Address
10 WOLF PACK CT. HAMILTON NJ 08619	10 WOLF PACK CT. HAMILTON NJ 08619-1156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
51 Everett Drive,	P. O. Box 927
Suite, Apt. #, etc. Suite 107B	Suite, Apt. #, etc.
City & State West Windsor, NJ 08550	City & State West Windsor, NJ 08550-0927
Zip / Country	Zip / Country

4. FEI Number 13-3837683 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVE. STE. 200 TALLAHASSEE FL 32302	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWARTH, DENNIS E 10 WOLF PACK CT. HAMILTON NJ 08619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Zulma M. Howarth Vice President 51 Everett Drive, Suite 107B West Windsor, NJ 08550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD TARZIAN, DENNIS 576 HIGHLAND AVENUE RIDGEWOOD NJ 07450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Edna Astacio 51 Everett Drive West Windsor, NJ 08550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BACLET, CHARLES 2030 MAIN STREET IRVINE CA 92714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Robert K. Rowell 141 Peaked Mountain Road Townshend, VT 05353	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ASH, EILEEN 644 GREENMAN COURT SEAFORD NY 11783	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Kent Rockwell 13212 Connell Overland Park, KS 66213	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, JOHN 1212 GUADALUPE AUSTIN TX 78701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPTON, JANICE 101 CAPITOL WAY OLYMPIA WA 98501-1077	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/16/00 609-716-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #