

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90199 042 ***150.00

DOCUMENT # F95000003371

1. Entity Name
THE NATIONAL PERDIEM COMPANY

Principal Place of Business

1013 CENTRE ROAD
 WILMINGTON DE 19805
 US

Mailing Address

1013 CENTRE ROAD
 WILMINGTON DE 19805
 US

2. Principal Place of Business

2711 CENTERVILLE RD

Suite, Apt. #, etc.
SUITE 400

City & State
WILMINGTON, DE

Zip
19808

Country
USA

3. Mailing Address

2711 CENTERVILLE RD

Suite, Apt. #, etc.
SUITE 400

City & State
WILMINGTON, DE

Zip
19808

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0626215**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERTRAND, DEAN M
1417-3 DEL PRADO BLVD., STE 473
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE NAME	PCDS BERTRAND, DEAM M	<input type="checkbox"/> Delete
STREET ADDRESS	1417-3 DEL PRADO BLVD., STE 473	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	ST BEVERLY A. L. BERTRAND	<input type="checkbox"/> Delete
STREET ADDRESS	1417-3 DEL PRADO BLVD SUITE 473	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dean M Bertrand* **DEAN M BERTRAND** 4/25/01 941-995-8608
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)