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FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003074 (8)**

1. Corporation Name

NATIONAL COUNCIL FOR INTERIOR DESIGN QUALIFICATION, INC.

Principal Place of Business

**50 MAIN STREET
WHITE PLAINS NY 10606**

Mailing Address

**50 MAIN STREET
WHITE PLAINS NY 10606**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

13-2822294

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P SMITH, LINDA E**
STREET ADDRESS **2220 EIGHTH AVE. SOUTH**
CITY-ST-ZIP **NASHVILLE TN 37204**

TITLE ☐ DELETE

NAME **D KLINKHAMER, SOOZ**
STREET ADDRESS **2804 WEST 15TH AVE/VANCOUVER, BC**
CITY-ST-ZIP **CANADA V6K 2Z9**

TITLE ☐ DELETE

NAME **D PARKER, J D**
STREET ADDRESS **3309 HASTINGS AVENUE**
CITY-ST-ZIP **LAS VEGAS NV 89107**

TITLE ☐ DELETE

NAME **D STEINMETZ, DEBORAH**
STREET ADDRESS **225 BARONNE SUITE 1720**
CITY-ST-ZIP **NEW ORLEANS LA 70112**

TITLE ☐ DELETE

NAME **D WAGNER, MELISSA D**
STREET ADDRESS **1015 WISTERIA STREET**
CITY-ST-ZIP **ALEXANDRIA LA 71301**

TITLE ☐ DELETE

NAME **D WHITED, LISA M**
STREET ADDRESS **ONE UNION WHARF**
CITY-ST-ZIP **PORTLAND ME 04112**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**623 South 8th Street
Las Vegas, NV 89101**

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 on an attachment with an address.

SIGNATURE:

Linda E. Smith, President 1/13/98 615-297-9000

CR2E034 (10/97)