

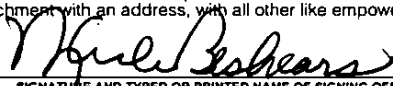


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90013 036 ***150.00

DOCUMENT # F99000004412 1. Entity Name NPCR, INC.					
Principal Place of Business 4500 CARILLON POINT KIRKLAND, WA 98033			Mailing Address 4500 CARILLON POINT KIRKLAND, WA 98033		
2. Principal Place of Business - No P.O. Box # 6500 Sprint Pkwy Suite, Apt. #, etc.		3. Mailing Address 6500 Sprint Pkwy Suite, Apt. #, etc. HL-5A STX			
City & State Overland Park, KS Zip 66251		City & State Overland Park, KS Zip 66251		4. FEI Number 91-1942496	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CHAPPLE, JOHN 4500 CARILLON POINT KIRKLAND, WA 98033	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO FORSEE, GARY 2001 Edmund Halley Dr. Reston, VA 20191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ROWAN, BARRY 4500 CARILLON POINT KIRKLAND, WA 98033	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BESHEARS, MARK 6500 Sprint Pkwy Overland Park, KS 66251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC MANNING, DONALD J 4500 CARILLON POINT KIRKLAND, WA 98033	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. LINDAHL, Richard S. 2001 Edmund Halley Dr Reston, VA 20191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, TIMOTHY M 4500 CARILLON POINT KIRKLAND, WA 98033	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/ DIR. HILL, Christie A. 2001 Edmund Halley Dr Reston, VA 20191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROEN, SUZANNE 4500 CARILLON PT. KIRKLAND, WA 98033	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Kennedy, Leonard 2001 Edmund Halley Dr Reston, VA 20191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTO AAS, DAVID 4500 CARILLON POINT KIRKLAND, WA 98033	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WUNSCH, CHARLES 2001 Edmund Halley Dr Reston, VA 20191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/30/07 913 316 5820		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		