

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90126 006 ****61.25

DOCUMENT # N21858

1. Entity Name

NATIONAL ASSOCIATION OF STATE VOCAL ORGANIZATION

Principal Place of Business

Mailing Address

7485 EAST KENYON AVE.
 DENVER CO 80237

7485 EAST KENYON AVE.
 DENVER CO 80237-1316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DENVER - Colorado

City & State

DENVER, Colorado

4. FEI Number

59-2845782

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

80237

Country

Zip

80237-1316

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESIDENT AGENT CORPORATION OF PINELLAS CTY
980 TYRONE BLVD., NORTH
ST. PETERSBURG FL 33710

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P WIMBERLY, GEORGE**
 STREET ADDRESS **11625 E OLD SPANISH TR**
 CITY-ST-ZIP **TUCSON AZ 85730**

TITLE Change Addition
 NAME **D PHYLIS GAIL**
 STREET ADDRESS **800 S. Colorado, BLVD**
 CITY-ST-ZIP **DENVER, COLO 80222**

TITLE Delete
 NAME **D KATHERINE ROBINSON**
 STREET ADDRESS **6980 MAPLE N.W. #2**
 CITY-ST-ZIP **WASHINGTON D.**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DONNA TURNER**
 STREET ADDRESS **P.O. BOX 9182 N/A**
 CITY-ST-ZIP **CHANDLER HEIGHTS AZ**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP JEAMBAY, GRAHAM**
 STREET ADDRESS **7485 E KENYON AVE**
 CITY-ST-ZIP **DENVER CO 80237**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LINDARUTH ESTES**
 STREET ADDRESS **PO BOX 9182 N/A**
 CITY-ST-ZIP **CHANDLER HEIGHTS AZ**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RUPP, AL**
 STREET ADDRESS **P.O. BOX 152736 N/A**
 CITY-ST-ZIP **SANDIEGO CA 92195**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

Graham Jeambey **GRAHAM JEAMBAY** Jan. 11, 2000 770-5096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)