

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35930

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE NATIONAL INSTITUTE FOR STORAGE TANK MANAGEMENT, INC.

Current Principal Place of Business:

3176 SHOAL LINE BLVD.
SPRING HILL, FL 34607

New Principal Place of Business:

2203 N LOIS AVENUE
SUITE #900
TAMPA, FL 33607

Current Mailing Address:

3176 SHOAL LINE BLVD.
SPRING HILL, FL 34607

New Mailing Address:

P.O. BOX 26008
TAMPA, FL 33623

FEI Number: 65-0170282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE MARTINI, JAMES
3176 SHOAL LINE BLVD.
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

DE MARTINI, JAMES
2203 N LOIS AVE
SUITE #900
TAMPA, FL 33607 US

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: _____

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE MARTINI, JAMES
Address: 3176 SHOAL LINE BLVD.
City-St-Zip: SPRING HILL, FL 34607

Title: D () Delete
Name: DE MARTINI, JOE
Address: 3176 SHOAL LINE BLVD.
City-St-Zip: SPRING HILL, FL 34607

Title: D () Delete
Name: EARLEY, DORIS
Address: 3176 SHOAL LINE BLVD.
City-St-Zip: SPRING HILL, FL 34607

Title: D () Delete
Name: CHLANDA, TERRY
Address: 3176 SHOAL LINE BLVD.
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DE MARTINI, JAMES D
Address: 2203 N. LOIS AVE, SUITE #900
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: DE MARTINI, JOE
Address: 2203 N. LOIS AVE, SUITE #900
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: EARLEY, DORIS
Address: 2203 N. LOIS AVE, SUITE #900
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: CHLANDA, TERRY
Address: 2203 N. LOIS AVE, SUITE #900
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. MARTINI

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date