


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000002845  
 1. Entity Name  
 AMERICAN SOCIETY OF NOTARIES INC.



Principal Place of Business      Mailing Address  
 807 NORTH CALHOUN STREET      PO BOX 5707  
 TALLAHASSEE, FL 32303 US      TALLAHASSEE, FL 32314-5707 US



**DO NOT WRITE IN THIS SPACE**

04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 52-0846148      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BUTLER, KATHLEEN M MD  
 807 NORTH CALHOUN STREET  
 TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**

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, the registered agent.

*no change in registered agent*

SIGNATURE: *Kathleen Butler*      DATE: *4.26.05*

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | S                    |
| NAME            | NORRIS, IRIS D S     |
| STREET ADDRESS  | 7412 ROUND HILL ROAD |
| CITY - ST - ZIP | FREDERICK, MD 21702  |
| TITLE           | C                    |
| NAME            | TULVE, NICHOLAS A C  |
| STREET ADDRESS  | 107 HIGHLAND AVENUE  |
| CITY - ST - ZIP | NEWBURGH, NY 12550   |
| TITLE           | D                    |
| NAME            | PIOMBINO, ALFRED E D |
| STREET ADDRESS  | P. O. BOX 778        |
| CITY - ST - ZIP | PORTLAND, ME 04104   |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

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 04/27/05-80144-017 61.25

**DO NOT WRITE IN THIS SPACE**

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: *Nicholas A. Tulve*      Nicholas A. Tulve      4/22/05      845-589-9231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #