

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002845

FILED
Jul 06, 2007
Secretary of State

Entity Name: AMERICAN SOCIETY OF NOTARIES INC.

Current Principal Place of Business:

807 NORTH CALHOUN STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5707
TALLAHASSEE, FL 323145707 US

New Mailing Address:

FEI Number: 52-0846148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUTLER, KATHLEEN M MD
807 NORTH CALHOUN STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: NORRIS, IRIS D S
Address: 7412 ROUND HILL ROAD
City-St-Zip: FREDERICK, MD 21702 US

Title: C () Delete
Name: TULVE, NICHOLAS A C
Address: 107 HIGHLAND AVENUE
City-St-Zip: NEWBURGH, NY 12550 US

Title: D () Delete
Name: DONOVAN, WILLIAM T D
Address: 700 HEWITT LAND
City-St-Zip: NEW WINDSOR, NY 12553 US

Title: D (X) Delete
Name: BROWN, WILLIAM D D
Address: 3162 SHAMROCK DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: DONOVAN, WILLIAM T C
Address: 700 HEWITT LANE
City-St-Zip: NEW WINDSOR, NY 12553 US

Title: S (X) Change () Addition
Name: TULVE, NICHOLAS A S
Address: 107 HIGHLAND AVENUE
City-St-Zip: NEWBURGH, NY 12550 US

Title: D (X) Change () Addition
Name: BROWN, WILLIAM D D
Address: 3162 SHAMROCK DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM D. BROWN

D

07/06/2007

Electronic Signature of Signing Officer or Director

Date