2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# N99000001125

Entity Name: NATIONAL ENERGY RATERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

840 HELIOS AVENUE
METAIRIE, LA 70005

New Principal Place of Business:

Current Mailing Address:

840 HELIOS AVENUE
METAIRIE, LA 70005

New Mailing Address:

FEI Number: 59-3559709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KETTLES, COLLEEN
101 COVE LAKE DRIVE
LONGWOOD, FL 32779 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: D/P ( ) Delete
Name: RIPBERGER, KENNETH
Address: 840 HELIOS AVENUE
City-St-Zip: METAIRIE, LA 70005

Title: D/S ( ) Delete
Name: KLAHN, ROBERT
Address: 540 DAYTON STREET
City-St-Zip: YELLOW SPRINGS, OH 45387

Title: DT ( ) Delete
Name: MOULEDOUX, GABRIEL
Address: 6585 WEURPEL STREET
City-St-Zip: NEW ORLEANS, LA 70124

Title: D ( ) Delete
Name: STROER, DENNIS
Address: 417F COMMERCIAL COURT
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete
Name: KATZ, MYRON
Address: 302 WALNUT
City-St-Zip: NEW ORLEANS, LA 70118

Title: D ( ) Delete
Name: LINN, DENNIS
Address: 901 LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: KENNY RIPBERGER D/P 02/04/2008
Electronic Signature of Signing Officer or Director — Date