

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116644

FILED
Apr 15, 2008
Secretary of State

Entity Name: HISTORICAL RESEARCH CORP.

Current Principal Place of Business:

2019 CORPORATE DR
BOYNTON BCH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2019 CORPORATE DR
BOYNTON BCH, FL 33426

New Mailing Address:

FEI Number: 20-1530632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUIS, NANCY A
2019 CORPORATE DRIVE
BOYNTON BEACH, FL 33426 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WALSHE, MICHAEL
Address: 2019 CORPORATE DR
City-St-Zip: BOYNTON BCH, FL 33426

Title: VPSD () Delete
Name: FISH, ESTELLE
Address: 2019 CORPORATE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VPD () Delete
Name: MARQUIS, NANCY
Address: 2019 CORPORATE DR.
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VD () Delete
Name: DELL, MICHAEL
Address: 2019 CORPORATE DR.
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD () Delete
Name: SZE, MARY
Address: 2019 CORPORATE DR.
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: LEONARD, AIDEN
Address: 2019 CORPORATE DR.
City-St-Zip: BOYNTON BEACH, FL 33426

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTELLE FISH

VP

04/15/2008

Electronic Signature of Signing Officer or Director

Date