

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18349

FILED
Mar 16, 2004
Secretary of State**Entity Name:** NATIONAL ASSISTANCE BUREAU INC**Current Principal Place of Business:**10800 ALPHARETTA HWY
SUITE 208 #665
ROSWELL, GA 30076**New Principal Place of Business:****Current Mailing Address:**10800 ALPHARETTA HWY
SUITE 208 #665
ROSWELL, GA 30076**New Mailing Address:****FEI Number:** 35-1534209**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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:** PD () Delete
Name: HILL, WILLIAM R
Address: 3138 VERDUN DRIVE NW
City-St-Zip: ATLANTA, GA 30305**Title:** S () Delete
Name: PIFER, KATHY
Address: 204 WINDLAKE DRIVE
City-St-Zip: SENECA, SC 29672**Title:** D () Delete
Name: NORTELL, GUIA P MD
Address: 3688 CLOUDLAND DRIVE
City-St-Zip: ATLANTA, GA 30327**Title:** D () Delete
Name: DALEY, JULIAN
Address: 6085 LAKE FORREST DRIVE
City-St-Zip: ATLANTA, GA 30328**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: SHMAYS, NANCY
Address: 589 ATLANTA STREET, STE A
City-St-Zip: ROSWELL, GA 30075**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 for the exemption stated in Section 119.07(3)(i), 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: NANCY SHMAYS

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03/16/2004

Electronic Signature of Signing Officer or Director

Date