

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P18349

FILED
Apr 25, 2003
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 (X)

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: 4586 HWY 59
City-St-Zip: LAVONIA, GA 30553

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: PIFER, KATHY
Address: 204 WINDLAKE DRIVE
City-St-Zip: SENECA, SC 29672

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: WILLIAM R. HILL

PD

04/25/2003

Electronic Signature of Signing Officer or Director

Date