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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21779 (4)

1. Corporation Name
NATIONAL ASSOCIATION OF PRIVATE ENTERPRISE INCOR PORATED

Principal Place of Business	Mailing Address
2121 PRECINCT LINE HURST TX 76054 US	2121 PRECINCT LINE HURST TX 76054 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 75-2145291 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S X	1.1 TITLE	Secretary D	☐ Change ☒ Addition
NAME	[illegible]	1.2 NAME	Laura Squiers	
STREET ADDRESS	[illegible]	1.3 STREET ADDRESS	209 Fifth Street	
CITY-ST-ZIP	[illegible]	1.4 CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	P	2.1 TITLE	Vice President D	☐ Change ☒ Addition
NAME	[illegible]	2.2 NAME	Ralph Adams	
STREET ADDRESS	[illegible]	2.3 STREET ADDRESS	2942B Wanamaker Dr.	
CITY-ST-ZIP	[illegible]	2.4 CITY-ST-ZIP	Topeka, KS 66614	
TITLE	P D	3.1 TITLE		☐ Change ☐ Addition
NAME	STECKELBERG, DAVID O	3.2 NAME		
STREET ADDRESS	2121 PRECINCT LINE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	HURST TX	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Steckelberg President 3/22/95 817-428-4207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #
DAVID STECKELBERG

0074767