

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2001 08:00 AM****Secretary of State****DOCUMENT # P25534**1. Entity Name  
NATIONAL SOCIETY OF TAX PROFESSIONALS {CORPORATION}Principal Place of Business  
6108 N.E. HWY. #104,  
STE 101  
VANCOUVER WA 98665  
Mailing Address  
6108 N.E. HWY. #104,  
VANCOUVER WA 986652. Principal Place of Business  
6108 N.E. HWY.  
Suite, Apt. #, etc.  
STE 101  
City & State  
VANCOUVER WA3. Mailing Address  
PO BOX 2575  
Suite, Apt. #, etc.  
City & State  
VANCOUVER WA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**91-1289294**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Name and Address of Current Registered Agent  
BARNCORD GRETA  
114 7TH ST  
CHULUOTA FL 32766  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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 \_\_\_\_\_ 01/31/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATEFILE NOW:  
FEE IS \$61.25  
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
Make Check Payable to  
Department of State10. OFFICERS AND DIRECTORS  
TITLE P ☐ Delete  
NAME LONGLEY HOWARD  
STREET ADDRESS ROUTE 1, BOX 79 N/A  
CITY-ST-ZIP BIG SANDY TX  
TITLE D ☐ Delete  
NAME LARSON RONALD  
STREET ADDRESS 9899-A WEST BELL ROAD  
CITY-ST-ZIP SUN CITY AZ  
TITLE T ☐ Delete  
NAME ROBERTSON GEORGE  
STREET ADDRESS 4000 ROCKHILL COURT  
CITY-ST-ZIP ARLINGTON TX  
TITLE D ☐ Delete  
NAME LAMONACA PAUL  
STREET ADDRESS 131 E BROAD ST #200  
CITY-ST-ZIP FALLS CHURCH VA  
TITLE D ☐ Delete  
NAME CONNER LAURIE  
STREET ADDRESS 417 CASCADE DR  
CITY-ST-ZIP LILBURN GA  
TITLE D ☐ Delete  
NAME BARNCORD GRETA  
STREET ADDRESS 114 7TH ST. P.O. BOX 660518 N/A  
CITY-ST-ZIP CHULUOTA FL 32766  
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE D ☒ Change ☐ Addition  
NAME LEAMON DOROTHY  
STREET ADDRESS 3770 B CLEMMONS ROAD  
CITY-ST-ZIP CLEMMONS NC 27012  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE T ☒ Change ☐ Addition  
NAME BARNCORD GRETA  
STREET ADDRESS 114 7TH ST. P.O. BOX 660518 N/A  
CITY-ST-ZIP CHULUOTA FL 32766

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD LONGLEY P 01/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)