2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25534

FILED Apr 20, 2009 Secretary of State

Entity Name: NATIONAL SOCIETY OF TAX PROFESSIONALS (CORPORATION)

Current Principal Place of Business: New Principal Place of Business: 10818 NE COXLEY DRIVE SUITE A VANCOUVER, WA 98662 **New Mailing Address: Current Mailing Address:** 10818 NE COXLEY DRIVE SUITE A VANCOUVER, WA 98662 FEI Number: 91-1289294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARNCORD, GRETA 114 7TH ST CHULUOTA, FL 32766 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BARNCORD, GRETA BARNCORD, GRETA Name: Name: 114 E. 7TH ST. Address: 114 E. 7TH ST. Address: City-St-Zip: CHULUOTA, FL 32766 CHULUOTA, FL 32766 City-St-Zip: Title: Title: (X) Change () Addition () Delete CONNER-JARRETT, LAURIE Name: CONNER-JARRETT, LAURIE Name: Address: PO BOX 5505 Address: PO BOX 5505 City-St-Zip: CANTON, GA 30114 City-St-Zip: **CANTON, GA 30114** Title: () Delete Title: () Change () Addition LAMONACA, PAUL Name: Name: 131 E BROAD ST #200 Address: Address: City-St-Zip: FALLS CHURCH, VA 22046 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LEAMON, DOROTHY Name: HORN, BILL Address: 3770 B CLEMMONS ROAD Address: 3604 STEVEN COURT City-St-Zip: CLEMMONS, NC 27012 City-St-Zip: EDMOND, OK 73013 Title: () Delete Title: () Change () Addition LARSON, RONALD Name: Name: 9899-A WEST BELL ROAD Address: Address: City-St-Zip: SUN CITY, AZ 85351 City-St-Zip: Title: () Delete Title: (X) Change () Addition OLIVER, JAMES J THOMAS, FLOYD Name: Name: Address: 104 LAKE DRIVE Address: PO BOX 2551 WILLIAMSBURG, VA 23185 DECATUR, GA 30031 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRETA A. BARNCORD P 04/20/2009