

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36170

1. Entity Name

THE NATIONAL ABANDONED PROPERTY PROCESSING CORPO

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90085 050 \*\*\*150.00

Principal Place of Business	Mailing Address
570 LEXINGTON AVENUE NEW YORK NY 10022 US	570 LEXINGTON AVENUE NEW YORK NY 10022-6837 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	04-3104068	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO	TITLE	
NAME	STEMMEL, TODD R	NAME	
STREET ADDRESS	570 LEXINGTON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	SLADE, WILLIAM F.	NAME	
STREET ADDRESS	FY PYE BROOK LANE	STREET ADDRESS	
CITY-ST-ZIP	BOXFORD MA	CITY-ST-ZIP	
TITLE	CFO	TITLE	
NAME	HIVRY, ARNOLD H	NAME	
STREET ADDRESS	570 LEXINGTON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ELI S. JACOBS	NAME	
STREET ADDRESS	4450 S. PARU AVE	STREET ADDRESS	
CITY-ST-ZIP	CHEY CHASE MD	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Arnold H. HIVRY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/12/01*  
Date

*212 826 8370*  
Daytime Phone #

CR2E034 (9/99)