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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P36595** **(7)**

1. Corporation Name
NATIONAL IPF COMPANY

Principal Place of Business	Mailing Address
1750 S. MESA DRIVE SUITE 100 MESA AZ 85210	P.O. BOX 8998 MESA AZ 85214-8998

3. Date Incorporated or Qualified: **12/04/1991**
3a. Date of Last Report: **04/18/1996**

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 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **86-0599758** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	CFO	☒ DELETE	1.1 TITLE	Controller	☐ Change ☒ Addition
NAME	CAMPBELL, JOHN MICHAEL		1.2 NAME	DiPasquale, Michele	
STREET ADDRESS	1750 S. MESA DR., #100		1.3 STREET ADDRESS	1750 S. Mesa Drive, Suite 100	
CITY-ST-ZIP	MESA AZ 85210		1.4 CITY-ST-ZIP	Mesa, AZ 85210	
TITLE	D	☐ DELETE	2.1 TITLE	President/C	☐ Change ☒ Addition
NAME	HOFF, ROBERT		2.2 NAME	Taylor, Stephen D.	
STREET ADDRESS	1750 S. MESA DR., #100		2.3 STREET ADDRESS	1750 S. Mesa Drive, Suite 100	
CITY-ST-ZIP	MESA AZ		2.4 CITY-ST-ZIP	Mesa, AZ 85210	
TITLE	V	☐ DELETE	3.1 TITLE	D/V	☒ Change ☐ Addition
NAME	BARLOW, GREGORY		3.2 NAME	Barlow, Gregory D.	
STREET ADDRESS	1750 S. MESA DR., #100		3.3 STREET ADDRESS	1750 S. Mesa Drive, Suite 100	
CITY-ST-ZIP	MESA AZ		3.4 CITY-ST-ZIP	Mesa, AZ 85210	
TITLE	ST	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	WEIGHT, MARK H.		4.2 NAME	Holland, Charles H. Jr.	
STREET ADDRESS	1750 S. MESA DR., #100		4.3 STREET ADDRESS	1750 S. Mesa Drive, Suite 100	
CITY-ST-ZIP	MESA AZ		4.4 CITY-ST-ZIP	Mesa, AZ 85210	
TITLE	D	☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	LEE, MICHAEL K		5.2 NAME	Williams, Charles H.	
STREET ADDRESS	1750 S. MESA DR., #100		5.3 STREET ADDRESS	1750 S. Mesa Drive, Suite 100	
CITY-ST-ZIP	MESA AZ		5.4 CITY-ST-ZIP	Mesa, AZ 85210	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	Summers, Edwin J.	
STREET ADDRESS			6.3 STREET ADDRESS	1750 S. Mesa Drive, Suite 100	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Mesa, AZ 85210	

CR2E034 (9/96)

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles H. Holland, Jr. RECEIVED 4.22.97 602-545-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #