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NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37881

(0)

NATIONAL ALLIANCE OF BUSINESS, INC.

| , | | | | | | | |
|----------------------------------|--|---------------------------------------|---|----------------|---|--|---------------------------------------|
| Principal Place of Business | | Mailing Address | | | | OI IIDI OFAN DIDII DIDII EIEN D | |
| 1201 NEW YORK AVE., NW | | 1201 NEW YORK AVE., NW | | | | | |
| SUITE 700 WASHINGTON DC 20005 | | SUITE 700 WASHINGTON DC 20005-6143 | | | | | |
| MASHINGTON | 00 2000 | WASHINGTON DO 2000 | 0140 | | Date Incorporated or Qualified 03/09/1992 | 3a. Date of Last Re 05/01/19 | eport 96 |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | *************************************** | | 4. FEI Number | Ap | plied For |
| 21 | | 26 | | | 52-0858675 | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 | |
| 22 | | 27 | | | | Fee Re | |
| City & State | • | City & State | | | 6. Election Campaign Financing | \$5.00 | |
| 23] Zip | Country | 28 | Count | ν | Trust Fund Contribution | Added t | |
| 24 | 25 | 29 | 30 | , | 8. This corporation has liability for Florida Statutes | intangible tax under s. ☐ Yes ☐ No | 199.032, |
| £7] | 9. Name and Address of Current | | | | 10. Name and Address of New R | | |
| | | | 8 | Name | | - | · · · · · · · · · · · · · · · · · · · |
| C T CO | RPORATION SYSTEM | | 8: | 2 Street | Address (P.O. Box Number is Not Accepte | hio) | |
| 1200 SOUTH PINE ISLAND ROAD | | |]° | 30000 | Address (F.O. Box Number is Not Accepte | (OIO) | |
| | TION FL 33324 | | 8: | 3 | | | |
| 1 (27411) | | | | 1 | | | |
| | | | 8- | City | | FL 85 Zip (| ,000 € |
| office or r | to the provisions of Sections 617.0502 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such chance was | suthorized t | ov the com | corporation submits this statement for the poration's board of directors. I hereby according to the control of the corporation | purpose of changing it opt the appointment as | s reg istered registered |
| _ | in familial will, and accept the builga | idons of, decilon 617.0000, f | ionua Statut | . · | | | |
| SIGNATURE . | Signature, typed or printed name of registered ager | nt and title if applicable (NC | TE: Registered A | gent signature | required when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | | S IN 12 |
| TITLE | P | DELETE | 1.1 TITLE | | · | ☐ Change | Addition |
| NAME | JONES, ROBERTS | | 1.2 NAMI | | | | |
| STREET ADDRESS | 1201 NEW YORK AVE., NW | | 1.3 STRE | ET ADORESS | | | |
| CITY-ST-ZIP | WASHINGTON DC | | 1.4 CITY | | | | |
| TITLE | \$ | DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | WENTZEL, FRED | | 2.2 NAMI | | | | |
| STREET ADDRESS | 1201 NEW YORK AVE., NW | | | ET ADDRESS | | | |
| CITY-ST-ZIP | WASHINGTON DC | DELETE | 2. 4 CITY | | | Change Change | Addition |
| TITLE | ALIMITED DAVIDADO | N DELETE | 3.1 TITLE | | TREASURER ROBE | C750A | ADDITION |
| NAME Execut apopuses | AUMILLER, RAYMOND | | 3.2 NAM | | STEPHEN J. ROBER | IVE NW | |
| STREET ADORESS | 1201 NEW YORK AVE., NW WASHINGTON DC | | 3.3 STRE 3.4. CITY | ET ADDRESS | WASHINGTON DC | | |
| CITY-ST-ZIP TITLE | CD CD | DELETE | 3.4. CITY 4.1 TITLE | | WHORINGFON DC | ☐ Change | Addition |
| NAME | ORR, JAMES III | | 4. 2 NAM | | | | |
| STREET ADDRESS | 2211 CONGRESS ST. | | | ET ADDRESS | · | | |
| City-St-Zip | PORTLAND MA 04122 | | 4.4 CITY | | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | BELL, THOMAS D., JR. | | 5.2 NAMI | | · | • | |
| STREET ADDRESS | 200 PARK AVE. S. | | | ET ADDRESS | | | |
| CITY-ST-ZIP | NEY YORK NY 10003 | | 5.4 CITY | | | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | CAREY, MICHAEL J. | | 6.2 NAM | į | | | |
| STREET ADDRESS | ONE JOHNSON & JOHNSON | PLAZA | 6.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | NEW BRUNSWICK NJ 08933 | | 6.4 CITY | ST-ZIP | | | |

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