

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90004 034 \*\*\*150.00

**DOCUMENT # P40763**

1. Entity Name

**NATIONAL CORPORATE RESEARCH, LTD., INC.**

Principal Place of Business

Mailing Address

1406 HAYS ST., STE. #2  
 TALLAHASSEE FL 32301

1406 HAYS ST., STE. #2  
 TALLAHASSEE FL 32301-2843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-3246732**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARALEGAL AND ATTORNEY SERVICE BUREAU, INC**  
**1406 HAYS STREET, SUITE 2**  
**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

Signature, typed or printed name of registered agent and title if applicable

(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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	DPT WAGNER, HOWARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	225 W. 34TH STREET, STE. 910		
	NEW YORK NY 10122		
<input type="checkbox"/> Delete	DVPS WAGNER, JOAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	225 W. 34TH STREET, STE. 910		
	NEW YORK NY 10122		
<input type="checkbox"/> Delete	VP JACOBI, BRUCE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	225 W. 34TH STREET, STE. 910		
	NEW YORK NY 10122		
<input type="checkbox"/> Delete	AVP MORRISSEY, JOHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	225 WEST 34TH STREET, SUITE 910		
	NEW YORK NY 10122		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (9/99)

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
 Date

800-221-0102  
 Daytime Phone #