FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91741 038 ***155.00

DOCUMENT # P99000016469

1. Entity Name
NATIONAL RESEARCH CORP.

2. Principal Place of Business	3. Mailing Address
4251 S.W 139 AVE	4251 SW 139 AVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIRAMAR FL	City & State: MIRAMAR FL
Zip: 33027 Country: USA	Zip: 33027 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0893778 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: ANNY GALLEGO
Street Address (P.O. Box Number is Not Acceptable): 4251 SW 139 AVE
City: MIRAMAR FL Zip Code: 33027-3027

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] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)
DATE: 05-16-02

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

10. Election Campaign Financing Trust Fund Contribution. ☑ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ANNY GALLEGO
STREET ADDRESS	4251 S.W 139 AVE
CITY-ST-ZIP	MIRAMAR, FL 33027-3027

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

[signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 05-16-02 — Daytime Phone #: (954) 442-4900