2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006051

POLLOCK, EUGENE P

CHARLOTTESVILLE, VA 22906

P.O. BOX 7187

Name:

Address:

City-St-Zip:

FILED Mar 19, 2009 Secretary of State

Entity Name: NATIONAL LEGAL RESEARCH GROUP, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2421 IVY F CHARLOT	ROAD FTESVILLE, VA	A 22903			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX CHARLOT	7187 FTESVILLE, VA	A 22906			
FEI Number	: 54-0854347	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GOODMAN, NADINE H 1309 S.W. 15TH TERRACE CAPE CORAL, FL 33991 US				KALEKO, TALLEY L 2720 LUCERNE DRIVE TALLEHASSEE, FL 32303 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATURE: TALLEY L. KALEKO				03/19/2009	
	Electron	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HART, STEPHE PO BOX 7187) Delete EN R /ILLE, VA 22906	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ROMER, THOM PO BOX 7187) Delete NAS H /ILLE, VA 22906	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ECKMAN, WIL PO BOX 7187) Delete LIAM H /ILLE, VA 22906	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	С () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM H. ECKMAN Τ 03/19/2009