

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001694

FILED
Jan 05, 2010
Secretary of State

Entity Name: N A M I INCORPORATED

Current Principal Place of Business:

3803 NORTH FAIRFAX DRIVE
SUITE 100
ARLINGTON, VA 22203

New Principal Place of Business:

Current Mailing Address:

3803 NORTH FAIRFAX DRIVE
SUITE 100
ARLINGTON, VA 22203

New Mailing Address:

FEI Number: 43-1201653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DR., STE. A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: FEINSTEIN, STEPHEN H PHD
Address: 6770 WEST 327TH STREET
City-St-Zip: LOUISBURG, KS 66053

Title: 1VP
Name: AMDUR, SHEILA
Address: 132 LAWLER RD.
City-St-Zip: WEST HARTFORD, CT 06117

Title: 2VP
Name: CARUSO, CAROL MCAT
Address: 3761 GERMANTOWN PIKE
City-St-Zip: COLLEGETOWN, PA 19426

Title: T
Name: DALEY, GUYLA
Address: POB 4833
City-St-Zip: HILTON HEAD ISLAND, SC 29938

Title: CFO
Name: STEDMAN, PEGGY
Address: 16114 NEABSCO ROAD
City-St-Zip: WOODBRIDGE, VA 22191

Title: S
Name: MYRICK, KERIS J
Address: 975 SAN PASQUAL STREET #307
City-St-Zip: PASADENA, CA 91106

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEGGY B STEDMAN

CFO

01/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date