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03-06-1999 90116 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P39661

1. Corporation Name
THE NATIONAL REGISTRY INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2502 ROCKY POINT DR STE 100 TAMPA FL 33607 US	Mailing Address 2502 ROCKY POINT DR STE 100 TAMPA FL 33607 US
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3. Date Incorporated or Qualified 07/15/1992
4. FEI Number 95-4346070
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSTMANN, ANTHONY J	1.2 NAME	
STREET ADDRESS	7 BEVERLY PARK	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA	1.4 CITY-ST-ZIP	
TITLE	CDP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, JEFFREY P	2.2 NAME	
STREET ADDRESS	1884 NE 106TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA 98052	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINE, FRANK M	3.2 NAME	
STREET ADDRESS	4045 VINELAND AVE, APT 125	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUDIO CITY CA 91604	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAGELO, FRANCIS R	4.2 NAME	
STREET ADDRESS	115 RYE RIDGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY 10527	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBLATT, ROBERT J	5.2 NAME	
STREET ADDRESS	1 HSN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33729	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, CLINT	6.2 NAME	
STREET ADDRESS	15513 VALERIE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MACOMB TOWNSHIP MI	6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James W. Shamer* **SIGNATURE REQUIRED** 2/16/99 (813) 636-0099
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES W. SHAMER SECRETARY/TREASURER Date Daytime Phone #

CR2E034 (1/98)

188474-90116-16
P39661

Florida Corporation Annual Report
Document # P39661
The National Registry Inc.
1999

Additional Officers and Directors

Title	D	Addition
Name	Alcalde, Hector	
Street Address	2111 Wilson Blvd., Suite 850	
City-St-Zip	Arlington, VA 22201	

Title	D	Addition
Name	Greene, O.G.	
Street Address	3201 Dickerson Pike	
City-St-Zip	Nashville, TN 37207	

Title	D	
Name	Klosterman, Don	
Street Address	2220 Avenue of the Stars, Suite 2502	
City-St-Zip	Los Angeles, CA 90067	

Title	S/T	
Name	Shepperd, James W.	
Street Address	1420 Fifth Avenue, 22th Floor	
City-St-Zip	Seattle, WA 98101	