

2001 UNIFORM BUSINESS REPORT (UBR)

02-13-2001 905/78 050 ***150.00

0631482

DOCUMENT # V12361

1. Entity Name

NAL INSURANCE SERVICES, INC.

FILED

01 FEB 26 AM 10:57

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business 5217 COCONUT CREEK PARKWAY MARGATE FL 33063 US	Mailing Address 11825 NORTH PENNSYLVANIA STREET A2A CARMEL IN 46032 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. B2B
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent X JONES, J K X RENNINGER, S Q CT Corporation X 5217 COCONUT CREEK PARKWAY 1200 S. Pine Island Rd. X MARGATE FL 33063 Plantatin, FL 33324		7. Name and Address of New Registered Agent 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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DYER, WILLIAM B 5217 COCONUT CREEK PARKWAY MARGATE FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COMBS, ANDREW 745 FIFTH AVENUE, SUITE 2700 NEW YORK NY 10151 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Richard R. Dykhouse 11825 N. Pennsylvania Street Carmel, IN 46032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD LARKIN, JAMES J 11825 NORTH PENNSYLVANIA STREET CARMEL IN 46032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCOBD James J. Larkin 11825 N. Pennsylvania Street Carmel, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNET, MICHAEL 745 FIFTH AVENUE, SUITE 2700 NEW YORK NY 10151 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD Michael Bonnet 745 Fifth Avenue, Suite 2700 New York, NY 10151 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HASELEY, TIMOTHY W 11825 NORTH PENNSYLVANIA STREET CARMEL IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP William T. Devanney, Jr. 11825 N. Pennsylvania Street Carmel, IN 46032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard R. Dykhouse, Secretary Richard R. Dykhouse (317) 817-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)