2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006349

FILED Apr 29, 2010 Secretary of State

Entity Name: THE RISK MANAGEMENT AND PATIENT SAFETY INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business:

6215 W ST JOSEPH HWY LANSING, MI 48917

Current Mailing Address: New Mailing Address:

6215 W ST JOSEPH HWY LANSING, MI 48917

FEI Number: 20-4793831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES

Name: BREWER, RICHARD W Address: 101 ARCH ST. City-St-Zip: BOSTON, MA 02110

Title: TRS

Name: HAYES, RICHARD G Address: 101 ARCH ST. City-St-Zip: BOSTON, MA 02110

Title: CFO

Name: SCHMITT, CHRISTINE C Address: 6215 W ST JOSEPH HWY City-St-Zip: LANSING, MI 48917

Title: VP

Name: ALLEGRETTO, JANICE W Address: 101 ARCH ST.

City-St-Zip: BOSTON, MA 02110

Title: VF

Name: URSUL, MARL L

Address: 6215 W. ST. JOE HIGHWAY City-St-Zip: LANSING, MI 48917

Title: GVP

 Name:
 WARECK-RUSS, KAROL

 Address:
 6215 W. ST. JOE HIGHWAY

 City-St-Zip:
 LANSING, MI 48917

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

SIGNATURE: CHRISTINE C. SCHMITT CFO 04/29/2010