

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000006349

FILED
Oct 09, 2012
Secretary of State

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

Current Principal Place of Business:

6215 W ST JOSEPH HWY
LANSING, MI 48917

New Principal Place of Business:

Current Mailing Address:

6215 W ST JOSEPH HWY
LANSING, MI 48917

New Mailing Address:

FEI Number: 20-4793831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: HOLLY JONES, ASST. VP

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HANSON, GREGG L
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: ASEC
Name: TRAYNOR, PAUL E
Address: 6215 W ST JOSEPH HWY
City-St-Zip: LANSING, MI 48917

Title: SEC
Name: ALLEGRETTO, JANICE W
Address: 101 ARCH ST.
City-St-Zip: BOSTON, MA 02110

Title: VP
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: PAUL E. TRAYNOR

Electronic Signature of Signing Officer or Director

ASEC

10/09/2012

Date