

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003621 (0)**

1. Corporation Name  
**NATIONAL EASTER SEAL SOCIETY, INC.**



Principal Place of Business <b>230 W. MONROE ST                  SUITE 1800                  CHICAGO IL 60606                  US</b>	Mailing Address <b>230 W. MONROE STREET                  SUITE 1800                  CHICAGO IL 60608-4802                  US</b>
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3. Date Incorporated or Qualified <b>08/05/1993</b>	3a. Date of Last Report <b>04/23/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>36-2171729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FLORIDA EASTER SEAL SOCIETY, INC.                  1010 EXECUTIVE CENTER DR., STE. 231                  ORLANDO FL 32803</b>				10. Name and Address of New Registered Agent	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				B5	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	FOJO, JOSE A. PO BOX 4132-N/A BAYAMON GARDEN STA., PR. PR009-58	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE TD	REV. MSGR. JOHN P. QUINN 215 MYRTLE ST. MANCHESTER NH 03105-0686	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	BRADFORD, ROBERT E C/O SAFEWAY INC. 201 4TH ST. OAKLAND CA 94660	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	WASHINGTON, ALVIN W. POP BOX 927299-N/A SAN DIEGO CA 92192-7299	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	WILLIAMS, JAMES E., JR. 333 WOODLAND RD. LAKE FOREST IL 60045	5.1 TITLE	D/P
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	MARTYNOWICZ, VIRGINIA 95 N.E. XERXES BEND OR 97701	6.1 TITLE	V
NAME		6.2 NAME	Suzanne M. Schultz
STREET ADDRESS		6.3 STREET ADDRESS	230 West Monroe Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Chicago, IL 60606-4802

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 7/25/97 DAYTIME PHONE: 0076526

CR2E037 (9/96)