


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90002 050 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003621**

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

Principal Place of Business 230 W. MONROE ST SUITE 1800 CHICAGO IL 60606 US	Mailing Address 230 W. MONROE STREET SUITE 1800 CHICAGO IL 60606 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified <b>08/05/1993</b>	4. FEI Number <b>36-2171729</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	FOJO, JOSE A.	1.2 NAME	
STREET ADDRESS	PO BOX 4132-N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAYAMON GARDEN STA., PR. PR009-58	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. MSGR. JOHN P. QUINN	2.2 NAME	
STREET ADDRESS	215 MYRTLE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER NH 03105-0686	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, ROBERT E	3.2 NAME	
STREET ADDRESS	C/O SAFEWAY INC. 201 4TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND CA 94660	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANZ, BILL	4.2 NAME	
STREET ADDRESS	777 W ROSEDALE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX 76207	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JAMES E., JR.	5.2 NAME	
STREET ADDRESS	333 WOODLAND RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, SUZANNE M	6.2 NAME	
STREET ADDRESS	230 W MONROE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	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 617, 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: \_\_\_\_\_ DATE: **7/9/99** 312-551-7110  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/99)