

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90025 016 \*\*\*\*61.25

**DOCUMENT # F93000003621**

1. Entity 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 60606          US</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent  
**FLORIDA EASTER SEAL SOCIETY, INC.  
 1010 EXECUTIVE CENTER DR., STE. 231  
 ORLANDO FL 32803**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOJO, JOSE A.	
STREET ADDRESS	PO BOX 4132-N/A	
CITY-ST-ZIP	BAYAMON GARDEN STA., PR. PR009-58	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REV. MSGR. JOHN P. QUINN	
STREET ADDRESS	215 MYRTLE ST.	
CITY-ST-ZIP	MANCETER-NH 03105-0686	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRADFORD, ROBERT E	
STREET ADDRESS	C/O SAFEWAY INC. 201 4TH ST.	
CITY-ST-ZIP	OAKLAND CA 94660	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRANZ, BILL	
STREET ADDRESS	777 W ROSEDALE	
CITY-ST-ZIP	FT WORTH TX 76207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES E., JR.	
STREET ADDRESS	333 WOODLAND RD.	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHULTZ, SUZANNE M	
STREET ADDRESS	230 W MONROE ST	
CITY-ST-ZIP	CHICAGO IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwane Brenneman	
STREET ADDRESS	3150 Canterbury Drive South	
CITY-ST-ZIP	Salem, OR 97302	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald L. Campbell	
STREET ADDRESS	8403 Colesville Rd., #290	
CITY-ST-ZIP	Silver Spring, MD 20910	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Coy	
STREET ADDRESS	PO Box 157801	
CITY-ST-ZIP	Evansville, IN 47715	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra L. Bouwman	
STREET ADDRESS	10010 Community House Rd.	
CITY-ST-ZIP	Charlotte, NC 28277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne M. Schultz **SUZANNE M. SCHULTZ** 3/2/01 312-551-7110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)