

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N41870 (9)**  
 1. Corporation Name  
**THE NATIONAL ASSOCIATION OF REHABILITATION RESEARCH AND TRAINING CENTERS, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>C/O CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301</b> | Mailing Address<br><b>C/O CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301-2608</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/30/1991</b>   | 3a. Date of Last Report<br><b>10/04/1996</b>           |
| 4. FEI Number<br><b>48-1077441</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |   |
|--|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt #, etc. | 2a. Mailing Address<br>26<br>Suite, Apt #, etc. |
| 22<br>City & State   | 27<br>City & State                              |
| 23<br>Zip  | 28<br>Country                                   |
| 24<br>Country  | 25<br>Zip                                       |
| 29<br>Country  | 30<br>Zip                                       |

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

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   |

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

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>MCALEES, DAN</b>                      |
| STREET ADDRESS | <b>UNIVERSITY OF WISCONSIN</b>           |
| CITY-ST-ZIP    | <b>MENOMONIE WI</b>                      |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>KEMP, BRYAN</b>                       |
| STREET ADDRESS | <b>7601 E IMPERIAL HWY</b>               |
| CITY-ST-ZIP    | <b>DOWNEY CA</b>                         |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>MENZ, FRED</b>                        |
| STREET ADDRESS | <b>UNIVERSITY OF WISCONSIN</b>           |
| CITY-ST-ZIP    | <b>MENOMONIE WI</b>                      |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>KUTASH, KRISTA</b>                    |
| STREET ADDRESS | <b>UNIVERSITY OF S. FLA</b>              |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                          |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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: *Krista Kutash* KRISTA KUTASH 1-29-97 (813) 974-4622  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0007947

CF2E037 (9/96)