2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1201 HAYS STREET

3. Mailing Address

City & State

TALLAHASSEE FL 32301

Suite, Apt. #, etc.

C/O CORPORATION SERVICE COMPANY

DOCUMENT # N41870

1. Entity Name

1201 HAYS STREET

TALLAHASSEE FL 32301

Suite, Apt. #, etc.

City & State

Zip

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business

2. Principal Place of Business

1201 HAYES STREET Tallahassee FL 32301

the obligations of registered agent

C/O CORPORATION SERVICE COMPANY

CORPORATION SERVICE COMPANY

THE NATIONAL ASSOCIATION OF REHABILITATION RESEA RCH AND TRAINING CENTERS, INC.

Country

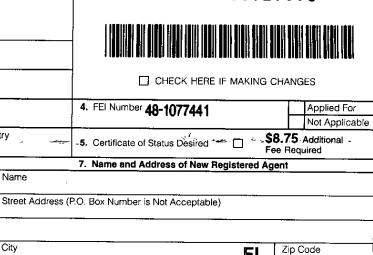
6. Name and Address of Current Registered Agent



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90080 006 ****61.25

90017594



9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition MCALEES, DAN NAME NAME STREET ADDRESS UNIVERSITY OF WISCONSIN STREET ADDRESS CITY-ST-ZIP MENOMONIE WI CITY-ST-ZIP Delete TITLE Change ☐ Addition KEMP. BRYAN NAME 7601 E IMPERIAL HWY-STREET ADDRESS CITY-ST-ZIP DOWNEY CA CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change MENZ, FRED NAME STREET ADDRESS UNIVERSITY OF WISCONSIN STREET ADDRESS CITY-ST-ZIP MENOMONIE WI CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition KUTASH, KRISTA NAME NAME UNIVERSITY OF S. FLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa Fl CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

Country

City

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. I am familiar with, and accept

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 in changed, or on an attachment with an address, with all other like empowered. 813/974 - 4622

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

CR2E037