

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

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

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

DOCUMENT # N41870



1. Entity Name
THE NATIONAL ASSOCIATION OF REHABILITATION RESEARCH AND TRAINING CENTERS, INC.

Principal Place of Business Mailing Address
C/O CORPORATION SERVICE COMPANY **C/O CORPORATION SERVICE COMPANY**
1201 HAYS STREET **1201 HAYS STREET**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32301**

90017594



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 48-1077441		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	-5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 - Additional - Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Krista Kutash* **KRISTA KUTASH** DATE: 1-31-03

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCALEES, DAN	NAME			
STREET ADDRESS	UNIVERSITY OF WISCONSIN	STREET ADDRESS			
CITY-ST-ZIP	MENOMONIE WI	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KEMP, BRYAN	NAME			
STREET ADDRESS	7601 E IMPERIAL HWY-	STREET ADDRESS			
CITY-ST-ZIP	DOWNEY CA	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MENZ, FRED	NAME			
STREET ADDRESS	UNIVERSITY OF WISCONSIN	STREET ADDRESS			
CITY-ST-ZIP	MENOMONIE WI	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KUTASH, KRISTA	NAME			
STREET ADDRESS	UNIVERSITY OF S. FLA	STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: *Krista Kutash* **KRISTA KUTASH, Treasurer** DATE: 1-31-03

CR2E037 (10/02)

813/974-4622