

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# N95000002807

Entity Name: AMERICAN SAFETY INSTITUTE, INC.

**Current Principal Place of Business:**

9009 MAHAN DRIVE, STE. 501  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

9009 MAHAN DRIVE, STE. 501  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

FEI Number: 59-3316598      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROWLEY, KEVIN X  
215 S MONROE ST  
2ND FL  
TALL, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CASSIDY, BART  
Address: 9009 MAHAN DRIVE, STE. 501  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VD      ( ) Delete  
Name: CASSIDY, CATHERINE  
Address: 9009 MAHAN DRIVE STE 501  
City-St-Zip: TALLAHASSEE, FL 32309 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BART CASSIDY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/21/2009

\_\_\_\_\_  
Date