## 2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F04000004147

## Entity Name: MOTORCYCLE SAFETY FOUNDATION, INC.

## **Current Principal Place of Business:**

2 JENNER STE 150 IRVINE, CA 92618

## **Current Mailing Address:**

2 JENNER STE 150 IRVINE, CA 92618 US

## FEI Number: 52-0963363

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

## **Officer/Director Detail :**

Title	PRES	Title	VC
Name	PRITCHARD, ERIK	Name	HEILBRON, ROBERT
Address	2 JENNER, STE. 150	Address	1919 TORRANCE BLVD
City-State-Zip:	IRVINE CA 92618	City-State-Zip:	TORRANCE CA 90501
Title	VP	Title	CHAIRMAN
Name	GLADDEN, ROBERT	Name	LONG, CROFT
Address	2 JENNER, STE. 150	Address	26972 BURBANK
City-State-Zip:	IRVINE CA 92618	City-State-Zip:	FOOTHILL RANCH CA 92610
Title Name Address	SECRETARY, TREASURER TOLLESON, JASON 3700 WEST JUNEAU AVE	Title Name Address	T RASTEGAR, CHASE 3251 EAST IMPERIAL HGWY
City-State-Zip:	MILWUAKEE WI 53208	City-State-Zip:	BREA CA 92821
City-State-Zip: Title	MILWUAKEE WI 53208 TRUSTEE	City-State-Zip: Title	BREA CA 92821 TRUSTEE
Title	TRUSTEE	Title	TRUSTEE
Title Name	TRUSTEE DURR, KEN 38429 INNOVATION COURT	Title Name	TRUSTEE POTTER, MATT 418 STUMP ROAD

## Continues on page 2

I hereby 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 all other like empowered.

#### SIGNATURE: ROBERT GLADDEN

VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 29, 2021 Secretary of State 8709875846CC

Certificate of Status Desired: No

Date

## **Officer/Director Detail Continued :**

TitleTRUSTEENameVITRANO, PAULAddress2100 HWY 55City-State-Zip:MEDINA MN 55340