

**2017 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PRES  
Name BUCHE, TIM  
Address 2 JENNER, STE. 150  
City-State-Zip: IRVINE CA 92618

Title T/S  
Name MARTINI, GARY  
Address 1919 TORRANCE BLVD  
City-State-Zip: TORRANCE CA 90501

Title VP  
Name DICORPO, JOSEPH  
Address 2 JENNER, STE. 150  
City-State-Zip: IRVINE CA 92618

Title T  
Name BRENNAN, RUSS  
Address 9950 JERONIMO ROAD  
City-State-Zip: IRVINE CA 92618

Title TRUSTEE  
Name MCCANN, MICHAEL  
Address 3700 WEST JUNEAU AVE  
City-State-Zip: MILWAUKEE WI 53208

Title T  
Name ALSIP, ROBERT  
Address 3251 EAST IMPERIAL HWY  
City-State-Zip: BREA CA 92821

*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:** JOSEPH DICORPO

**VICE PRESIDENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date