

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001584

**FILED**  
**Feb 13, 2017**  
**Secretary of State**  
**CC6198705879**

**Entity Name:** COUNCIL OF JUVENILE CORRECTION ADMINISTRATORS, INC.

**Current Principal Place of Business:**

639 GRANITE ST. SUITE 112  
BRAintree, MA 02184

**Current Mailing Address:**

639 GRANITE ST. SUITE 112  
BRAintree, MA 02184 US

**FEI Number:** 04-3237796

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENTS, LLC  
3030 N. ROCKY POINT DR. STE. 150 A  
TAMPA, FL 33607 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            PRESIDENT  
Name            PAKSERESHT, FARIBORZ  
Address        530 CENTER STREET, NE, SUITE 200  
City-State-Zip: SALEM OR 97301

Title            VP  
Name            BJERGAARD, LISA  
Address        3100 RAILROAD AVENUE P.O. BOX  
                  1898  
City-State-Zip: BISMARCK ND 58502

Title            TREASURER  
Name            MCKENZIE, CINDY  
Address        5 SOUTH LAST CHANCE GUICH  
City-State-Zip: HELENA MT 59601

Title            RR  
Name            BROWN, KEVIN M  
Address        1001 SPRUCE STREET P.O. BOX 107  
City-State-Zip: TRENTON NJ 08638

Title            SECRETARY  
Name            WILLIAMS, TERRI  
Address        714 SW JACKSON STREET SUITE 300  
City-State-Zip: TOPEKA KS 66603

Title            RR  
Name            HALVORSON, KATHY  
Address        1079 HIGHWAY 292  
City-State-Zip: RED WING MN 55066

Title            RR  
Name            BURKE, SUSAN  
Address        195 NORTH 1950 WEST  
City-State-Zip: SALT LAKE CITY UT 84116

Title            RR  
Name            FORBES, PETER J  
Address        600 WASHINGTON STREET  
City-State-Zip: BOSTON MA 02111

**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:** MIKE DEMPSEY

**EXECUTIVE DIRECTOR**

**02/13/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title RR  
Name GONSOULIN, SIMON  
Address 1000 THOMAS JEFFERSON STREET NW  
City-State-Zip: WASHINGTON DC 20007

Title EXECUTIVE DIRECTOR  
Name DEMPSEY, MIKE  
Address 302 W WASHINGTON STREET IGCS  
ROOM E3334  
City-State-Zip: INDIANAPOLIS IN 46202