

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90061 050 \*\*\*\*70.00

**DOCUMENT # 813977**

1. Entity Name

**NATIONAL CHILD SAFETY COUNCIL**

Principal Place of Business

Mailing Address

4065 PAGE AVE.  
 JACKSON MI 49204

P. O. BOX 1368  
 JACKSON MI 49204-1368

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**38-6035290**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.**  
**526 E. PARK AVE.**  
**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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	WILKINSON KC	4065 PAGE AVE P O BOX 1368 NA	JACKSON MI	<input type="checkbox"/>	<input type="checkbox"/>
STD	ELLIOTT, ALVIN E	502 HARWOOD	JACKSON MI	<input type="checkbox"/>	<input type="checkbox"/>
VP	TAYLOR, JERRY L	1501 BADGLEY RD.	JACKSON MI	<input type="checkbox"/>	<input type="checkbox"/>
D	SCHEID, STEPHEN L	2712 VERONICA DR	LOUISVILLE KY 20222	<input type="checkbox"/>	<input type="checkbox"/>
D	EISELE, JOSEPH S	40 LANE 110A- BIG OTTER LAKE	FREEMONT IN 46736	<input type="checkbox"/>	<input type="checkbox"/>
D	ZIETLOW, MARK H	321 SETTLERS RD.	HOLLAND MI	<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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: \_\_\_\_\_

**SIGNATURE REQUIRED**

4/26/2000 517-764-6070