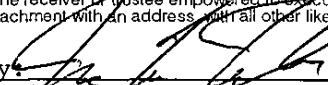


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90470 030 ****70.00

DOCUMENT # 813977 1. Entity Name NATIONAL CHILD SAFETY COUNCIL					
Principal Place of Business 4065 PAGE AVE. JACKSON, MI 49204			Mailing Address P. O. BOX 1368 JACKSON, MI 49204		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ELLIOTT, ALVIN E		NAME		
STREET ADDRESS	310 N. 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIAWATHA, KS 66434		CITY-ST-ZIP		
TITLE	STD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	TAYLOR, JERRY L		NAME		
STREET ADDRESS	1501 BADGLEY RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MI 49203		CITY-ST-ZIP		
TITLE	VPD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SCHEID, STEPHEN L		NAME		
STREET ADDRESS	2541 OLD LAKE SHORE RD.		STREET ADDRESS		
CITY-ST-ZIP	ST. JOSEPH, MI 49085		CITY-ST-ZIP		
TITLE	ASST ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SMITH, ROSEMARY		NAME		
STREET ADDRESS	7321 LAGRANGE RD., STE. 211		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46278		CITY-ST-ZIP		
TITLE	ASST ☒ Delete		TITLE	ASSISTANT SECRETARY ☐ Change ☒ Addition	
NAME	SHELLY, TERRIE		NAME	REICHARD, JILL	
STREET ADDRESS	4065 PAGE AVENUE, P. O. BOX 1368		STREET ADDRESS	4065 PAGE AVE.	
CITY-ST-ZIP	JACKSON, MI 492041368		CITY-ST-ZIP	JACKSON MI 49204-1368	
TITLE	ASTS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RICHMOND, JUNE B		NAME		
STREET ADDRESS	8104 GLENWILLOW LANE, #102		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46278		CITY-ST-ZIP		
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: By 			Jerry L. Taylor, Sec./Treas.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/15/04 Daytime Phone # 517-764-6070		