

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2006 08:00 AM  
Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 813977</b><br>1. Entity Name<br>NATIONAL CHILD SAFETY COUNCIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |  |
| Principal Place of Business<br>4065 PAGE AVE.<br>JACKSON, MI 49204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mailing Address<br>P. O. BOX 1368<br>JACKSON, MI 49204                                                                    |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>CT CORPORATION SYSTEM<br>1200 S PINE ISLAND RD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>ELLIOTT, ALVIN E<br>310 N. 7TH STREET<br>HIAWATHA, KS 66434                                                         | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STD<br>TAYLOR, JERRY L<br>1501 BADGLEY RD.<br>JACKSON, MI 49203                                                           |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>KINDER, DICK R<br>8080 POMEROY RD<br>PARMA, MI 49269                                                               |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ASTS<br>SMITH, ROSEMARY<br>7321 LAGRANGE RD., STE. 211<br>INDIANAPOLIS, IN 46278                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ASST<br>REICHARD, JILL<br>4065 PAGE AVE<br>JACKSON, MI 492041368                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ASTS<br>RICHMOND, JUNE B<br>8104 GLENWILLOW LANE, #102<br>INDIANAPOLIS, IN 46278                                          |                                                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jill Reichard</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           | 4/24/06<br><small>Date</small>                                                    |
| Jill Reichard, Assistant Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | <small>Daytime Phone #</small>                                                    |



04182006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number<br>38-6035290                                          | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional<br>Fee Required |

U00000531531  
05/06/06-80048-007 70.00