2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 813977

Entity Name: NATIONAL CHILD SAFETY COUNCIL

Current Principal Place of Business:

4065 PAGE AVE.
JACKSON, MI 49204

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1368
JACKSON, MI 49204

New Mailing Address:

FEI Number: 38-6035290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ELLIOTT, ALVIN E
Address: 310 N. 7TH STREET
City-St-Zip: HIAWATHA, KS 66434

Title: STD ( ) Delete
Name: LAZAROFF, PHILLIP
Address: 3037 FAWN LANE
City-St-Zip: JACKSON, MI 49201

Title: VPD ( ) Delete
Name: KINDER, DICK R
Address: 8080 POMEROY RD
City-St-Zip: PARMA, MI 49269

Title: ASST ( ) Delete
Name: REICHARD, JILL
Address: 4065 PAGE AVE
City-St-Zip: JACKSON, MI 492041368

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: WALKER, GAYLORD T
Address: 2027 AUGUSTA DR
City-St-Zip: JACKSON, MI 49201

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JILL REICHARD ASST 04/13/2009

Electronic Signature of Signing Officer or Director — Date