2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003
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 (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 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:	TAYLOR, JERRY L	
Address:	1501 BADGLEY RD.	
City-St-Zip:	JACKSON, MI 49203	
Title:	VPD	( ) Delete
Name:	SCHEID, STEPHEN L	
Address:	2712 VERONICA DRIVE	
City-St-Zip:	ST. JOSEPH, MI 49085	
Title:	D	( ) Delete
Name:	ZIETLOW, MARK H	
Address:	321 SETTLERS ROAD, P.O. BOX 1767	
City-St-Zip:	HOLLAND, MI 494221767	
Title:	ASST	( ) Delete
Name:	SHELLY, TERRIE	
Address:	4065 PAGE AVENUE, P. O. BOX 1368	
City-St-Zip:	JACKSON, MI 492041368	
Title:	ASTS	( ) Delete
Name:	RICHMOND, JUNE B	
Address:	8104 GLENWILLOW LANE, #102	
City-St-Zip:	INDIANAPOLIS, IN 46278	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	SCHEID, STEPHEN L	
Address:	2541 OLD LAKE SHORE RD.	
City-St-Zip:	ST. JOSEPH, MI 49085	
Title:	ASST	(X) Change ( ) Addition
Name:	SMITH, ROSEMARY	
Address:	7321 LAGRANGE RD., STE. 211	
City-St-Zip:	INDIANAPOLIS, IN 46278	
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 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 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: TERRIE SHELLY ASST 04/17/2003

Electronic Signature of Signing Officer or Director — Date

PAM PEAK, ASST. TREASURER
HC 81 BOX 19A
BIG SPRINGS, KY 40175

NEVADA ALLEN, ASST. TREASURER
351 STEEDLAND DR.
LOUISVILLE, KY 40229

FRANCIS S. AUTRY, ASST. TREASURER
426 N. 34TH STREET
LOUISVILLE, KY 40212

BERNADINE MCEWEN, ASST. TREASURER
6515 NATHAN LANE
INDIANAPOLIS, IN 46237