

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90033 019 \*\*\*\*61.25

**DOCUMENT # F00000001530**

1. Entity Name  
**NATIONAL SAFETY COUNCIL**



Principal Place of Business  
**1121 SPRING LAKE DRIVE  
ITASCA, IL 60143-3201**

Mailing Address  
**1121 SPRING LAKE DRIVE  
ITASCA, IL 60143-3201**

40101630



2. Principal Place of Business

3. Mailing Address

07192006 Chg-NP CR2E037 (4/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**36-2167809**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**WILSON, ROBERT  
7001 LAKE ELLENOR DRIVE  
SUITE 120  
ORLANDO, FL 32809**

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 Robert Wilson, Registered Agent

7/19/2006

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 September 6, 2006**

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  
NAME MCMILLIAN, ALAN C  
STREET ADDRESS 1121 SPRING LAKE DRIVE  
CITY-ST-ZIP ITASCA, IL 601433201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME KAPPMAYER, SCOTT A  
STREET ADDRESS 1121 SPRING LAKE DRIVE  
CITY-ST-ZIP ITASCA, IL 601433201

TITLE ☒ Change ☐ Addition  
NAME Moulos, Paulette  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME BULLARD, EDWARD D  
STREET ADDRESS 1121 SPRING LAKE DRIVE  
CITY-ST-ZIP ITASCA, IL 60143

TITLE ☒ Change ☐ Addition  
NAME Williams, Ather  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSTD ☐ Delete  
NAME RYLKO, EDWARD  
STREET ADDRESS 1121 SPRING LAKE DR  
CITY-ST-ZIP ITASCA, IL 60143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Paulette Moulos EX VP, COO

7-20-06 630  
778 0664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #