## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000001530

**Current Principal Place of Business:** 

Entity Name: NATIONAL SAFETY COUNCIL

FILED Jan 05, 2009 Secretary of State

1121 SPRING LAKE DRIVE ITASCA, IL 601433201

Current Mailing Address: New Mailing Address:

1121 SPRING LAKE DRIVE ITASCA, IL 601433201

FEI Number: 36-2167809 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

- Clarker in Circumstance of Desighans of Assert

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

Title: PD () Delete Title: () Change () Addition Name: FROETSCHER, JANET Name:

 Address:
 1121 SPRING LAKE DRIVE
 Address:
 City-St-Zip:
 ITASCA, IL 601433201
 City-St-Zip:
 City-St-Zip:

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MOULOS, PAULETTE
 Name:

 Address:
 1121 SPRING LAKE DRIVE
 Address:

 City-St-Zip:
 ITASCA, IL 601433201
 City-St-Zip:

Title: CD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 UCCIFERRO, JOSEPH
 Name:

 Address:
 1121 SPRING LAKE DRIVE
 Address:

 City-St-Zip:
 ITASCA, IL 60143
 City-St-Zip:

Title: VSTD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RYLKO, EDWARD
 Name:

 Address:
 1121 SPRING LAKE DR
 Address:

 City-St-Zip:
 ITASCA, IL 60143
 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: ED RYLKO CFO 01/05/2009