2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000373

1. Entity Name
REMEMBRANCE AND RECONCILIATION, INC.

Principal Place of Business	Mailing Address
1321 WEST FLETCHER AVENUE STE. B TAMPA, FL 33612	1321 WEST FLETCHER AVENUE STE. B TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number
38-3430786
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, JOHN J PH.D
1321 WEST FLETCHER AVENUE STE. B
TAMPA, FL 33612

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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 John J. Hartman PhD, President John J Hartman PhD 1-22-05
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 May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000200938
01/28/05-80049-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	EDPT
NAME	HARTMAN, JOHN J PH.D
STREET ADDRESS	1321 WEST FLETCHER AVENUE STE. B
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	RADZILOWSKI, THADDEUS PH.D
STREET ADDRESS	3841 TALBOT
CITY-ST-ZIP	DETROIT, MI 482122808
TITLE	D
NAME	SZYMANSKI, MICHAEL
STREET ADDRESS	11903 JOSEPH CHAMPAU
CITY-ST-ZIP	HAMTRAMCK, MI 48212
TITLE	D
NAME	TRAISON, MICHAEL
STREET ADDRESS	150 W. JEFFERSON STE. 2500
CITY-ST-ZIP	DETROIT, MI 482264415
TITLE	D
NAME	SEMMEL, DAVID R
STREET ADDRESS	350 W. HUBBARD STE. 350
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: John J. Hartman 1-22-05 813-968-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #