

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004147

FILED
Jan 14, 2009
Secretary of State

Entity Name: MOTORCYCLE SAFETY FOUNDATION, INC.

Current Principal Place of Business:

2 JENNER STREET, STE. 150
IRVINE, CA 92618

New Principal Place of Business:

2 JENNER , STE. 150
IRVINE, CA 92618

Current Mailing Address:

2 JENNER STREET, STE. 150
IRVINE, CA 92618

New Mailing Address:

2 JENNER , STE. 150
IRVINE, CA 92618

FEI Number: 52-0963363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: P () Delete
Name: BUCHE, TIM
Address: 2 JENNER STREET, STE. 150
City-St-Zip: IRVINE, CA 92618

Title: T/S () Delete
Name: HAGIE, ROGER
Address: 9950 JERONIMO ROAD
City-St-Zip: IRVINE, CA 92618

Title: VP () Delete
Name: DICORPO, JOE
Address: 2 JENNER STREET, STE. 150
City-St-Zip: IRVINE, CA 92618

Title: CB () Delete
Name: EDWARDS, DAVE
Address: 1919 TORRANCE BLVD.
City-St-Zip: TORRENCE, CA 905012746

Title: T () Delete
Name: CHICHLAWSKI, JULIE
Address: 3700 WEST JUNEAU AVE
City-St-Zip: MILWAUKEE, WI 53208

Title: T () Delete
Name: ALSIP, ROBERT
Address: 3251 EAST IMPERIAL HGWAY
City-St-Zip: BREA, CA 92821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUCHE, TIM
Address: 2 JENNER, STE. 150
City-St-Zip: IRVINE, CA 92618

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

Title: VP (X) Change () Addition
Name: DICORPO, JOE
Address: 2 JENNER, STE. 150
City-St-Zip: IRVINE, CA 92618

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

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: TIM BUCHE

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date