2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# F04000004147

Entity Name: MOTORCYCLE SAFETY FOUNDATION, INC.

Current Principal Place of Business:

2 JENNER , STE. 150
IRVINE, CA 92618 US

New Principal Place of Business:

Current Mailing Address:

2 JENNER , STE. 150
IRVINE, CA 92618 US

New Mailing Address:

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: PRES
Name: BUCHE, TIM
Address: 2 JENNER, STE. 150
City-St-Zip: IRVINE, CA 92618

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

Title: VP
Name: DICORPO, JOSEPH
Address: 2 JENNER, STE. 150
City-St-Zip: IRVINE, CA 92618

Title: T
Name: HIGGINS, GARY
Address: 1919 TORRANCE BLVD.
City-St-Zip: TORRANCE, CA 90501

Title: T
Name: CHICHLOWSKI, JULIE
Address: 3700 WEST JUNEAU AVE
City-St-Zip: MILWUAKEE, WI 53208

Title: T
Name: ALSIP, ROBERT
Address: 3251 EAST IMPERIAL HGWY
City-St-Zip: BREA, CA 92821

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH DICORPO VP 04/28/2011

Electronic Signature of Signing Officer or Director Date