2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002747

FILED Apr 07, 2010 Secretary of State

Entity Name: TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC. (TAPS)

Current Principal Place of Business: New Principal Place of Business:

1777 F ST, NW SUITE 600

WASHINGTON, DC 20006

Current Mailing Address: New Mailing Address:

1777 F ST, NW SUITE 600 WASHINGTON, DC 20006

FEI Number: 92-0152268 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O

 Name:
 CARROLL, BONNIE

 Address:
 1777 F ST, NW STE 600

 City-St-Zip:
 WASHINGTON, DC 20006

Title: O

 Name:
 SUDNICK, DANIEL R DR

 Address:
 1777 F ST, NW STE 600

 City-St-Zip:
 WASHINGTON, DC 20006

Title:

 Name:
 VACANT, VACANT

 Address:
 1777 F ST, NW STE 600

 City-St-Zip:
 WASHINGTON, DC 20006

Title: [

 Name:
 SNYDER, BRADLEY

 Address:
 1777 F ST, NW STE 600

 City-St-Zip:
 WASHINGTON, DC 20006

Title:

 Name:
 ANDERSON, HEIDI

 Address:
 1777 F ST, NW STE 600

 City-St-Zip:
 WASHINGTON, DC 20006

Title: [

 Name:
 RUTTER, SCOTT

 Address:
 1777 F ST, NW STE 600

 City-St-Zip:
 WASHINGTON, DC 20006

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: DANIEL SUDNICK CFO 04/07/2010