

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F93000003473**

1. Entity Name

~~NATIONAL COMMITTEE TO~~ PREVENT CHILD ABUSE ~~CORP.~~ AMERICA**FILED****May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90116 021 \*\*\*\*70.00

Principal Place of Business

200 S. MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO IL 60604

Mailing Address

200 S. MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO IL 60604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

23-7235671

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAKE, ELIZABETH  
1702 S.W. 16TH AVE., SUITE 2189  
GAINESVILLE FL 32608

Name -

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~EDAO~~ ☐ Delete  
NAME JOHNSON, A. SIDNEY III  
STREET ADDRESS 200 S. MICHIGAN AVE- 17TH FLR  
CITY-ST-ZIP CHICAGO IL 60604TITLE PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ~~PD~~ ☐ Delete  
NAME DUGHI, MAURA S  
STREET ADDRESS 525 VALLEY RD  
CITY-ST-ZIP WATCHUNG NJ 07060TITLE CHAIRMAN OF THE BOARD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ~~VPD~~ ☐ Delete  
NAME HESTER, J. MICHAEL  
STREET ADDRESS 3719 PEBBLE BCH RD  
CITY-ST-ZIP NORTHBROOK IL 60062TITLE VICE CHAIRMAN OF THE BOARD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ~~VPD~~ ☒ Delete  
NAME SABOL, BARBARA J  
STREET ADDRESS ONE MICHIGAN AVE EAST  
CITY-ST-ZIP BATTLE CREEK MI 49017-4058TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ~~S~~ ☐ Delete  
NAME LANZARA, GARY M  
STREET ADDRESS 8200 JONES BRANCH DR- MS 402  
CITY-ST-ZIP MCLEAN VA 22101TITLE SECRETARY ☒ Change ☐ Addition  
NAME MICHAEL E. AXELROD  
STREET ADDRESS 2100 RIVEREDGE PARKWAY, SUITE 300  
CITY-ST-ZIP ATLANTA, GA 30328TITLE ~~TD~~ ☐ Delete  
NAME SLOAN, GARY  
STREET ADDRESS 5650 W CENTRAL AVE, SUITE D  
CITY-ST-ZIP TOLEDO OH 43614TITLE TREASURER ☒ Change ☐ Addition  
NAME WILLIAM M. PIET  
STREET ADDRESS WM. WRIGLEY JR. COMPANY  
CITY-ST-ZIP 410 N. MICHIGAN AVE, CHICAGO, IL 60611

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2001

(312) 663-3520

Date

Daytime Phone #

CR2E037 (10/00)