

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003473

1. Entity Name

~~NATIONAL COMMITTEE TO PREVENT CHILD ABUSE CORP.~~

PREVENT CHILD ABUSE AMERICA

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 & State

City & 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 ☐ Delete
NAME P
STREET ADDRESS JOHNSON, A. SIDNEY III
CITY-ST-ZIP 200 S. MICHIGAN AVE- 17TH FLR
CHICAGO IL 60604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME COB
STREET ADDRESS DUGHI, MAURA S
CITY-ST-ZIP 525 VALLEY RD
WATCHUNG NJ 07060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VCOB
STREET ADDRESS HESTER, J. MICHAEL
CITY-ST-ZIP 3719 PEBBLE BCH RD
NORTHBROOK IL 60062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS AXELROD, MICHAEL E
CITY-ST-ZIP 2100 RIVEREDGE PARKWAY STE 300
ATLANTA GA 30328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS PIET, WILLIAM M
CITY-ST-ZIP 410 N MICHIGAN AVE
CHICAGO IL 60611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

A. Sidney Johnson III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/02

Daytime Phone #

312.663.3520

CR2E037 (9/01)