2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004060

FILED Mar 10, 2009 Secretary of State

Entity Name: PARENTS OF MURDERED CHILDREN, INC.

Current Principal Place of Business: New Principal Place of Business: 100 EAST EIGHTH ST., SUITE 202 CINCINNATI, OH 45202 **Current Mailing Address: New Mailing Address:** 100 EAST EIGHTH ST., SUITE 202 CINCINNATI, OH 45202 FEI Number: 31-1023437 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: LEWIS, JEAN 5729 CARRIAGE DR SARASOTA, FL 34243 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RUHE, NANCY Name: Name: 100 E. 8TH STREET SUITE 202 Address: Address: City-St-Zip: CINCINNATI, OH 45202 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEVEY, DAN Name: Address: 26207 N 47TH ST Address: City-St-Zip: PHOENIX, AZ 85050 City-St-Zip: Title: VΡ Title: () Change () Addition REED, ANN Name: Name: 852 MEADOW RIDGE DR Address: Address: City-St-Zip: CINCINNATI, OH 45245 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ENGLE. DEE Name: 7311 BURNSIDE DRIVE Address: Address: City-St-Zip: NORTH LITTLE ROCK, AR 72118 City-St-Zip: Title: () Delete Title: (X) Change () Addition COLCLASURE, ELAINE HARRIS-RITTER, BILENDA Name: Name: 112101 WHIPPOORWILL COVE 128 STONEY HILL DRIVE Address: Address: City-St-Zip: BAUXITE, AR 72011 City-St-Zip: FOLSOM, CA 95630 Title: () Delete Title: (X) Change () Addition BONNELL, HARRY BONNELL, HARRT Name: Name: Address: 6910 MONTE VERDE DR Address: 6910 MONTE VERDE DR SAN DIEGO, CA 92119 SAN DIEGO, CA 92119 City-St-Zip: 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: M. ANN REED VP 03/10/2009