FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004109 (4)

1. Corporation Name
THE JOHN E. FETZER INSTITUTE, INC.

Principal Place of Business	Mailing Address
9292 WEST KL AVENUE KALAMAZOO MI 49009	9292 WEST KL AVENUE KALAMAZOO MI 49009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:
4. FEI Number: 38-6052788 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	T ☐ Change ☒ Addition
NAME	CLAFLIN, JANIS A	1.2 NAME	
STREET ADDRESS	1301 S. CAPITAL OF TEXAS HWY SUITE B-128	1.3 STREET ADDRESS	475 Gate Five Road, Suite 300
CITY-ST-ZIP	AUSTIN TX 78746	1.4 CITY-ST-ZIP	Sausalito, CA 94965
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	FETZER, BRUCE F	2.2 NAME	
STREET ADDRESS	1240 WEST WW AVE/ PO BOX 117	2.3 STREET ADDRESS	
CITY-ST-ZIP	VICKSBURG MI 49097	2.4 CITY-ST-ZIP	
TITLE	CEOP	3.1 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, ROBERT F	3.2 NAME	
STREET ADDRESS	9292 WEST KL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI 49009	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	WALETZKY, JEREMY P MD	4.2 NAME	
STREET ADDRESS	1919 PENNSYLVANIA AVENUE, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20006	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITSON, JUDITH S	5.2 NAME	
STREET ADDRESS	6 VENADO DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TIBURON CA 94920-2432	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christine M. Ostrum Robert F. Lehman — 2-22-95 — 616-375-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING — Date — Daytime Phone #
ROBERT F. LEHMAN, CEO