



TWO MIDTOWN PLAZA
1449 W. PEACHTREE STREET, N.E.
SUITE 8000
ATLANTA, GA 30309-2056
404 876-1934
FAX 404 876-2049

F95000000912

February 23, 1995

Hart Collins
Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

7000001414687
02/24/95--010 -012
*****78.75 *****78.75

Dear Mr. Collins:

Enclosed is a completed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check in the amount of \$78.75 for the registration fee and a certificate of status.

Please mail the appropriate documentation which list our charter number in the enclosed Federal Express envelope provided. The Child Welfare Institute is submitting a proposal to conduct work within the state of Florida and part of the requirements is to have on file with the Secretary of State authority to conduct business and to include our charter number in the proposal.

Thank you so much for your concern in providing me with the correct application for not for profit corporation and your assistance with the entire application process.

Sincerely,

A handwritten signature in cursive script that reads "Rhonda L. Williams".

Rhonda L. Williams
Business Manager

Encl.

5/24/95
DRAFT
S. Williams
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S. Williams

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TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: Child Welfare Institute, Inc.
(Name of Corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Rhonda L. Williams

(Name of Person)

Child Welfare Institute, Inc.

(Firm/Company)

1349 W. Peachtree Street, NE -- Suite 900

(Address)

Atlanta, GA 30309

(City, State and Zip Code)

For further information concerning this matter, please call:

Rhonda Williams
(Name of Person)

at (404) 876-1934

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

120 147-744 101

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**

1. Child Welfare Institute, Inc.
(Name of corporation must include the word "INCORPORATED" or "CORPORATION" or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural
person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a
corporate suffix by a nonprofit corporation.)

2. Tennessee 3. 56-1392972
(State or country under the law of which _____ (FEI number, if applicable) _____
it is incorporated)

4. December 6, 1983 5. Perpetual
(Date of incorporation) (Duration. Year corp. will cease to exist or
perpetual)

6. Upon Qualification
(Date corporation first conducted Affairs in Florida.
See sections 617.1501, 617.1502, and 617.155, F.S.)

7. 1349 W. Peachtree Street, Suite 900
Atlanta, GA 30309
(Current mailing address)

8. Training and Consultation Organization
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Janet Black (Name)

2107 Delta Way (Office address)

Tallahassee (City) Florida 32303-4209 (Zip Code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this application, I hereby accept the appointment as
registered agent and agree to act in this capacity. I further agree to comply with the provisions
of all statutes relative to the proper and complete performance of my duties, and I am familiar
with and accept the obligations of my position as registered agent.

Janet Black
(Registered agent's signature)

11 Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12 Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

SEE ATTACHED LIST

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Thomas D. Morton

Address: 1349 W. Peachtree Street, Suite 900

Atlanta, GA 30309

Director: Linda Parker

Address: 1349 W. Peachtree Street, Suite 900

Atlanta, GA 30309

B.OFFICERS (Street address only- P. O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13 Michael Budlong
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
Michael Budlong, Associate Director
 (Typed or printed name and capacity of person signing application)

1-11-31-1004
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 1-11-31-1004

Directors of Child Welfare Institute

Michael Budlong
1349 W. Peachtree Street, NE
Suite 900
Atlanta, GA 30309

Linda Darter
1349 W. Peachtree Street, NE
Suite 900
Atlanta, GA 30309

Board of Directors

Frank Kaiser
GENCO
100 Papercraft Park
Pittsburgh, PA 15238

Raul Martinez
ASPIRA of Florida, Inc.
3650 N. Miami Avenue
Miami, FL 33127

Sheryl Brissett-Chapman
The Baptist Home for Children
and Families
6301 Greentree Road
Bethesda, MD 20817

Deborah Holland
INROADS/Pittsburgh, Inc.
2 Gateway Center
Suite 460
Pittsburgh, PA 15222

Yuesen Yuen
1979 Sutter Street
San Francisco, CA 94115

01:5 112-3306

**Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306**

ISSUANCE DATE: 02/22/1995
REQUEST NUMBER: 2958-7185C
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/06/1983
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0135770
JURISDICTION: TENNESSEE

TO:
CHILD WELFARE INSTITUTE
RHONDA L. WILLIAMS
1349 W PEACHTREE 900
ATLANTA, GA 30304-2356

REQUESTED BY:
CHILD WELFARE INSTITUTE
RHONDA L. WILLIAMS
1349 W PEACHTREE 900
ATLANTA, GA 30309-2956

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"CHILD WELFARE INSTITUTE"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

95 F 77 21 10 16 13 12 22 16

FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/17/95

FROM: CHILD WELFARE INSTITUTE INC.
1430 W. PEACHTREE ST
SUITE 510
ATLANTA, GA 30309 0006

RECEIVED: FEES \$100.00 \$100.00

RECEIPT NUMBER: 00001755773
ACCOUNT NUMBER: 00014413



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE