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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000912

1. Corporation Name
CHILD WELFARE INSTITUTE, INC.

Principal Place of Business 1349 W. PEACHTREE ST. SUITE 900 ATLANTA GA 30309	Mailing Address 1349 W. PEACHTREE ST. SUITE 900 ATLANTA GA 30309
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/24/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 56-1392972
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BLACK, JANET 2107 DELTA WAY TALLAHASSEE FL 32303-4209	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DED PETRUS, FRANK 1349 WEST PEACHTREE STREET NE ATLANTA GA	1.1 TITLE	Vice President
NAME		1.2 NAME	Shirley Fitz-Ritson
STREET ADDRESS		1.3 STREET ADDRESS	1349 W. Peachtree Street, NE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	S HOLLAND, DEBORAH 2 GATEWAY CENTER PITTSBURGH PA	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AD BUDLONG, MICHAEL 1349 W. PEACHTREE ST., N.E. ATLANTA GA	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T YUEN, YUESEN 1979 SUTTER STREET SAN FRANCISCO CA	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	C KAISER, FRANK 708 DUNCAN AVE APT 1101 PITTSBURGH PA 15237	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	P MORTON, THOMAS D 1349 W. PEACHTREE STREET, NE, STE 900 ATLANTA GA 30309	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE: SIG. ALVIN F. EDWARDS 1-13-99 (404) 876-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)