2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# F95000000912

Entity Name: CHILD WELFARE INSTITUTE, INC.

Current Principal Place of Business:

3950 SHACKLEFORD ROAD
SUITE 175
DULUTH, GA 30096 US

New Principal Place of Business:

Current Mailing Address:

3950 SHACKLEFORD ROAD
SUITE 175
DULUTH, GA 30096 US

New Mailing Address:

FEI Number: 56-1392972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLACK, JANET
2107 DELTA WAY
TALLAHASSEE, FL 323034209 US

Name and Address of New Registered Agent:

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:

Title: VP ( ) Delete
Name: WELSH, CATHERINE
Address: 3950 SHACKLEFORD ROAD STE.175
City-St-Zip: DULUTH, GA 30096

Title: S ( ) Delete
Name: CALICA, RICHARD
Address: 1707 N HALSTED
City-St-Zip: CHICAGO, IL 60614

Title: C ( ) Delete
Name: CHAPMAN, SHERYL B
Address: 6301 GREENTREE ROAD
City-St-Zip: BETHESDA, MD 20817

Title: T ( ) Delete
Name: COFFEY, LESTER
Address: 4720 MONTGOMERY LANE STE. 1050
City-St-Zip: BETHESDA, MD 20814

Title: P ( ) Delete
Name: MORTON, THOMAS D
Address: 3950 SHCAKLEFORD ROAD SUITE 175
City-St-Zip: DULUTH, GA 30096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SALOVITZ, BARRY
Address: 3950 SHACKLEFORD ROAD STE.175
City-St-Zip: DULUTH, GA 30096

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RHONDA WILLIAMS MS. 04/15/2005

Electronic Signature of Signing Officer or Director — Date