2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# F95000000912

Entity Name: CHILD WELFARE INSTITUTE, INC.

Current Principal Place of Business:

111 E. WACKER DR.
SUITE 325
CHICAGO, IL 60601 US

New Principal Place of Business:

Current Mailing Address:

111 E. WACKER DR.
SUITE 325
CHICAGO, IL 60601

New Mailing Address:

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

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P ( ) Delete
Name: SINNOTT, MARTIN R
Address: 111 E. WACKER DR., SUITE 325
City-St-Zip: CHICAGO, IL 60601

Title: C ( ) Delete
Name: OSTEEN, SANDRA
Address: 10463 COUNTY ROAD 115
City-St-Zip: OXFORD, FL 34484

Title: D ( ) Delete
Name: TURNER, THOMAS W REV. DR
Address: 911 BRENTWOOD COURT
City-St-Zip: NEW ALBANY, IN 47150

Title: D ( ) Delete
Name: HUMPHREY, SCOTT W
Address: 795 GROVE ST.
City-St-Zip: GLENCOE, IL 60022

Title: D ( ) Delete
Name: SMITH, TONI S
Address: 3470 N. LAKE SHORE DRIVE
City-St-Zip: CHICAGO, IL 60657

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MARTIN R. SINNOTT P 04/14/2008

Electronic Signature of Signing Officer or Director — Date