

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90066 018 ****70.00

DOCUMENT # F98000004729

1. Entity Name

AMERICAN CHILDREN'S SAFETY SOURCE, INC.

Principal Place of Business

1747 PENNSYLVANIA AVE., NW, STE. 1000
WASHINGTON DC 20006

Mailing Address

1747 PENNSYLVANIA AVE., NW, STE. 1000
WASHINGTON DC 20006

2. Principal Place of Business

5015 Tracy

Suite, Apt. #, etc.
100

3. Mailing Address

PO Box 896

Suite, Apt. #, etc.

City & State
Dallas, TX

City & State
Michigan Center, MI

4. FEI Number
38-3097538

Applied For
Not Applicable

Zip
75205-3400

Country
USA

Zip
49254-0896

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLEMAN, EDWARD D
1747 PENNSYLVANIA AVE., NW, STE. 1000
WASHINGTON DC 20006 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
JONES, JAMES A
5015 TRACY ST., STE. 100
DALLAS TX 75205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HINTON, ROBERT C JR
5015 TRACY ST., STE. 100
DALLAS TX 75205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Robert C. Hinton, Jr. Robert C. Hinton, Jr., Pres. (214) 219-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)