

# 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

Zip  
 75205-3400

Country  
 USA

City & State  
 Michigan Center, MI

Zip  
 49254-0896

Country  
 USA

4. FEI Number

38-3097538

Applied For

Not Applicable

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLEMAN, EDWARD D</b> <b>1747 PENNSYLVANIA AVE., NW, STE. 1000</b> <b>WASHINGTON DC 20006</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>JONES, JAMES A</b> <b>5015 TRACY ST., STE. 100</b> <b>DALLAS TX 75205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>HINTON, ROBERT C JR</b> <b>5015 TRACY ST., STE. 100</b> <b>DALLAS TX 75205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)