

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0062729

DOCUMENT # F99000000385

1. Entity Name

NATIONAL ROAD SAFETY FOUNDATION, INC.



FILED

03 MAR 28 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3 NEW YORK PLAZA
NEW YORK NY 10004

Mailing Address

3 NEW YORK PLAZA
NEW YORK NY 10004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-6128274

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT & HECKIN
135 PROFESSIONAL DR, SUITE 101
PONTE VEDRA BEACH FL 32082

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MANOCHERIAN, KIMBERLY
STREET ADDRESS 3 NEW YORK PLAZA
CITY-ST-ZIP NEW YORK NY 10004

TITLE ☐ Change ☐ Addition
NAME 600014913356
STREET ADDRESS 03/28/03--01054--029 **61.25
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MANOCHERIAN, FRAYDUN
STREET ADDRESS 3 NEW YORK PLAZA
CITY-ST-ZIP NEW YORK NY 10004

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

TITLE ST ☐ Delete
NAME KATZ, JEROME
STREET ADDRESS 3 NEW YORK PLAZA
CITY-ST-ZIP NEW YORK NY 10004

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

TITLE VP ☐ Delete
NAME MANSOURI, SAFA M
STREET ADDRESS 2683 ST JOHNS BLUFF RD #155
CITY-ST-ZIP JACKSONVILLE FL 32246

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

Jerome H Katz

3/24/03

CR2E037 (10/02)