

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004888

FILED
Apr 30, 2010
Secretary of State

Entity Name: NATIONAL WORKERS' COMPENSATION DEFENSE NETWORK, INC.

Current Principal Place of Business:

315 PLANT AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

315 PLANT AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 33-1092131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACE, ROBERT J
315 PLANT AVE
TAMPA, FL 33606 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: D
Name: STILES, MARY ANN
Address: 315 PLANT AVE.
City-St-Zip: TAMPA, FL 33606

Title: PD
Name: ROSS, WILLIAM S
Address: 1400 MCDONALD INVEST. CTR 800 SUPERIOR AV
City-St-Zip: CLEVELAND, OH 441142688

Title: TD
Name: TAYLOR, RAYFORD H
Address: 2837 COUNTRY HOUSE LN.
City-St-Zip: BUFORD, GA 30519

Title: VD
Name: WANN, DIANA
Address: 127 W. MAIN ST. STE 314
City-St-Zip: LEBANON, IN 46051

Title: SD
Name: JONES, H. DOUGLAS
Address: 51 CAVALIER BLVD STE 260
City-St-Zip: FLORENCE, KY 41022

Title: D
Name: RITSEMA, FRED
Address: 999 18TH ST
City-St-Zip: DENVER, CO 802020

I hereby 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 all other like empowered.

SIGNATURE: RAYFORD H. TAYLOR

TD

04/30/2010

Electronic Signature of Signing Officer or Director

Date