

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N49958

FILED
Apr 30, 2003
Secretary of State

Entity Name: WHEEL & RIM INSTITUTE OF SAFETY, INC.

Current Principal Place of Business:

5121 BOWDEN ROAD
SUITE 303
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

5121 BOWDEN ROAD
SUITE 303
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3141651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLPE, ANGELO
5121 BOWDEN RD.
SUITE 303
JACKSONVILLE, FL 32216 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 () Delete
Name: BROWN, MIKE
Address: 7140 OFFICE CIR
City-St-Zip: EVANSVILLE, IN 477160600

Title: D () Delete
Name: WHALEN, DENNIS
Address: 1200 FIRESTONE PKWY
City-St-Zip: AKRON, OH 44317

Title: D () Delete
Name: FERRARI, PALMA
Address: 345 15TH ST NW
City-St-Zip: BARBERTON, OH 44203

Title: DP () Delete
Name: STEWART, TOM
Address: 301 N SMITH ST
City-St-Zip: CHARLOTTE, NC 28202

Title: ST () Delete
Name: VOLPE, ANGELO
Address: 5121 BOWDEN RD., #303
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLACKER, MIKE
Address: 7140 OFFICE CIR
City-St-Zip: EVANSVILLE, IN 477160600

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: HENDERSON, MIKE
Address: 4399 CAROL JANE DR.
City-St-Zip: SALT LAKE CITY, UT 84124

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGELO VOLPE

ST

04/30/2003

Electronic Signature of Signing Officer or Director

Date