2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2005
Secretary of State

DOCUMENT# N50910

Entity Name: PARTNERS FOR HIGHWAY SAFETY FOUNDATION, INC.

Current Principal Place of Business:

1920 THOMASVILLE, RD.
SUITE #200
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1920 THOMASVILLE, RD.
SUITE #200
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-3156996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURRIS, PAUL E
1920 THOMASVILLE, RD.
SUITE #200
TALLAHASSEE, FL 32303 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: PAUL BURRIS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ED ( ) Delete
Name: BURRIS, PAUL E
Address: 1920 THOMASVILLE RD., SUITE 200
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: CBOD ( ) Delete
Name: VANTURE, CHARLES
Address: 825 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: TBOD ( ) Delete
Name: CAMERON, DIANA
Address: 225 UNIVERSITY CTR., BLDG C-FSU
City-St-Zip: TALLAHASSEE, FL 32306

Title: BOD ( ) Delete
Name: LENARD, PEGGY
Address: SPARROW SPRING ROAD
City-St-Zip: GASTONIA, NC 28053

Title: BOD ( ) Delete
Name: ROCK, LILIA
Address: 1861 LOG RIDGE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: BOD (X) Change ( ) Addition
Name: LENARD, PEGGY
Address: PO BOX 747
City-St-Zip: GASTONIA, NC 28053

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: PAUL BURRIS ED 09/30/2005

Electronic Signature of Signing Officer or Director — Date