

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000006757

1. Corporation Name

NATIONAL HIGHWAY TRAFFIC SAFETY FOUNDATION, INC.

Principal Place of Business

2400 NORTH BEACH ROAD, UNIT #12  
ENGLEWOOD FL 34223

Mailing Address

2400 NORTH BEACH ROAD, UNIT #12  
ENGLEWOOD FL 34223

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90075 010 \*\*\*\*61.25

155373-90075-10



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

65-0868152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LEE, JANICE  
2400 NORTH BEACH ROAD, UNIT #12  
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE JANICE LEE ☐ DELETE  
NAME PRESIDENT / DIRECTOR  
STREET ADDRESS 2400 N. BEACH RD.  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE VICE PRESIDENT / DIRECTOR ☐ DELETE  
NAME STEVE KRUG  
STREET ADDRESS 2619 HIGH ST.  
CITY-ST-ZIP CONYERS, GEORGIA 30207

TITLE SECRETARY / DIRECTOR ☐ DELETE  
NAME RICHARD J. VALENTINE  
STREET ADDRESS 135 WOOD ROAD  
CITY-ST-ZIP BRAINTREE MASS 02184

TITLE TREASURER / DIRECTOR ☐ DELETE  
NAME JOHN MANNING  
STREET ADDRESS P.O. BOX 13449  
CITY-ST-ZIP DAYTON OHIO 45413

TITLE DIRECTOR ☐ DELETE  
NAME GIFFEN B. NICKOL  
STREET ADDRESS 927 BERGEN COURT  
CITY-ST-ZIP BEL AIR, MARYLAND 21014

TITLE DIRECTOR ☐ DELETE  
NAME STEVEN RESNICK  
STREET ADDRESS 116-D CATHEDRAL ST  
CITY-ST-ZIP ANNAPOLIS, MARYLAND 21401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/99

Date

(937) 898-3167

Daytime Phone #

CR2E037 (11/98)