

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

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DOCUMENT # N99000000212

1. Entity Name

THE NATIONAL SAFETY INFORMATION EXCHANGE, INC.

04-22-2002 90103 015 ****70.00

634936



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**7031 TANGLEWOOD DRIVE
 NEW PORT RICHEY FL 34654**

**POST OFFICE BOX 1256
 PORT RICHEY FL 34673-1256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-2055911

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

**SKELLY, ELIZABETH M.T.
 7031 TANGLEWOOD DRIVE
 NEW PORT RICHEY FL 34654**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **AFAD SKELLY, ELIZABETH M T**
 STREET ADDRESS **7031 TANGLEWOOD DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34554**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DCS HULSENKAMP, DANIEL**
 STREET ADDRESS **358 JEROME ST**
 CITY-ST-ZIP **SAN JOSE CA 95125**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DWR KASSER, KELLY**
 STREET ADDRESS **1086 ROSSIA DR**
 CITY-ST-ZIP **SUNNYVALE CA 94087**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DOR SKELLY, KENNETH J**
 STREET ADDRESS **7031 TANGLEWOOD DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DON POWERS, ELIZABETH L**
 STREET ADDRESS **700 FT. WASHINGTON AVE., 3K**
 CITY-ST-ZIP **NEW YORK NY 10033**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DIRECTOR OF EMERGENCY COMMUNICATIONS**
 STREET ADDRESS **BLACKWELL DOUGLAS**
 CITY-ST-ZIP **1805 KINSMERE DR. NEW PORT RICHEY, FL 34655**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02
 Date Daytime Phone #

CR2E037 (9/01)