2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000212

Feb 11, 2005 Secretary of State

Entity Name: THE NATIONAL SAFETY INFORMATION EXCHANGE, INC.

Current Principal Place of Business: New Principal Place of Business:

7031 TANGLEWOOD DRIVE NEW PORT RICHEY, FL 34654

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1256 PORT RICHEY, FL 346731256

FEI Number: 91-2055911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Address:

1805 KINSMEIR DR.

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ADMI () Delete () Change () Addition

SKELLY, ELIZABETH M T Name: Name: 7031 TANGLEWOOD DR Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34554 City-St-Zip:

Title: DG () Delete Title: (X) Change () Addition

HULSENKAMP, BILL Name: HULSENKAMP, BILL Name: Address: 88542 HOUSTON Address: 88542 HOUSTON

City-St-Zip: BANDON BY THE SEA, OR 97411 City-St-Zip: BANDON BY THE SEA, OR 97411

Title: DES () Delete Title: DIR (X) Change () Addition KASSER, KELLY KASSER, KELLY Name: Name:

Address: 1086 ROSSIA DR Address: 1086 ROSSIA DR City-St-Zip: SUNNYVALE, CA 94087 City-St-Zip: SUNNYVALE, CA 94087

Title: DOR () Delete Title: DIR (X) Change () Addition

Name: SKELLY, KENNETH J Name: SKELLY, KENNETH J Address: 7031 TANGLEWOOD DR Address: 7031 TANGLEWOOD DR City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DON () Delete Title: OHN (X) Change () Addition

POWERS, ELIZABETH L POWERS, ELIZABETH L Name: Name: 700 FT. WASHINGTON AVE., 3K 700 FT. WASHINGTON AVE., 3K Address: Address: City-St-Zip: NEW YORK, NY 10033 City-St-Zip: NEW YORK, NY 10033

Title: () Delete Title: (X) Change () Addition BLACKWELL, DOUGLAS BLACKWELL, DOUGLAS Name: Name:

NEW PORT RICHEY, FL 34555 NEW PORT RICHEY, FL 34555 City-St-Zip: 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.

Address:

1805 KINSMEIR DR.

SIGNATURE: ELIZABETH SKELLY ADMI 02/11/2005