

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000212

FILED
Apr 11, 2003
Secretary of State

Entity Name: THE NATIONAL SAFETY INFORMATION EXCHANGE, INC.

Current Principal Place of Business:

7031 TANGLEWOOD DRIVE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1256
PORT RICHEY, FL 346731256

New Mailing Address:

FEI Number: 91-2055911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Title: DCS () Delete
Name: HULSENKAMP, DANIEL
Address: 358 JEROME ST
City-St-Zip: SAN JOSE, CA 95125

Title: DWR () Delete
Name: KASSER, KELLY
Address: 1086 ROSSIA DR
City-St-Zip: SUNNYVALE, CA 94087

Title: DOR () Delete
Name: SKELLY, KENNETH J
Address: 7031 TANGLEWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34654

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

Title: D () Delete
Name: BLACKWELL, DOUGLAS
Address: 1805 KINSMEIR DR.
City-St-Zip: NEW PORT RICHEY, FL 34555

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ADM1 (X) Change () Addition
Name: SKELLY, ELIZABETH M T
Address: 7031 TANGLEWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34554

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

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: ELIZABETH M.T. SKELLY

Electronic Signature of Signing Officer or Director

ADM1

04/11/2003

Date