NIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17273

1. Entity Name

THE CHILDREN'S ORGAN TRANSPLANT ASSOCIATION, INC

2501 COTA DRIVE

Principal Place of Business Mailing Address 2501 COTA DRIVE **BLOOMINGTON IN 47403** BLOOMINGTON IN 47403-4204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 35-1674365 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANATION FL 33324 Zip Code City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Delete TITLE Please see attached list of correct NAMÉ MOSEMAN, MARK NAME STREET ADDRESS STREET ADDRESS Officers and Directors. 1800 E 2ND ST. CITY-ST-ZIP CITY-ST-ZIP **BLOOMINGTON IN** Change ☐ Addition TITLE ☐ Delete TIT) F CLAY, TRACY NAME NAME 1924 EAST BAY POINTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOOMINGTON IN** Change ☐ Addition Delete TITLE TITLE NAME TALIAFERRO, GEORGE NAME STREET ADDRESS STREET ADDRESS 3013 STRATFORD DRIVE CITY-ST-ZIP CITY-ST-ZIP **BLOOMINGTON IN 47401** ☐ Change ☐ Addition ☐ Delete TITLE TITLE KOHR, RONALD E NAME NAME STREET ADDRESS STREET ADDRESS 289 BANKERS DRIVE CITY-ST-ZIP CITY-ST-ZIP **BLOOMINGTON IN 47408** PCE0 ☐ Delete TITLE Change Addition LOFGREN, RICHARD E NAME NAME STREET ADDRESS 4953 AQUADUCT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWOOD IN 46142** □ Change ☐ Addition TITI F ☐ Delete TITLE NAME SMITH, VERNON NAME STREET ADDRESS 2420 ROCK CREEK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOOMINGTON IN 47401**

12. I hereby certify that the information supplied with this filling 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

Date Daytime Phone #

FILED

Mar 28, 2000 8:00 am Secretary of State

03-28-2000 90056 025 ****61.25

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CHILDREN'S ORGAN TRANSPLANT ASSOCIATION, INC. Attachment "Officers and Directors"

Officers

Richard Lofgren 2501 Cota Drive Bloomington, IN 47403 President/CEO

Vern Smith 2501 Cota Drive Bloomington, IN 47403 Treasurer

Mark Moseman, M.D. 1800 East 2nd Street Bloomington, IN 47401 Secretary

Lisa Fulkerson 2501 Cota Drive Bloomington, IN 47403 Controller/CFO

George Tafiaferro 3013 Stratford Drive Bloomington, IN 47401 Chair

Directors

Tracy Clay 886 Nottingham #508 Greenwood, IN 46142

Roland Kohr 2989 Bankers Drive Bloomington, IN 47408

Danny McConnell 708 Wellington Court Bloomington, IN 47401

F. Anthony Paganelli Sommer & Barnard 8900 Keystone Crossing Suite 1150 Indianapolis, IN 46240