2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90051 005 ****61.25

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DOCUMENT # P17273

1. Entity Name
THE CHILDREN'S ORGAN TRANSPLANT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2501 COTA DRIVE BLOOMINGTON, IN 47403	2501 COTA DRIVE BLOOMINGTON, IN 47403

04152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 35-1674365 ☐ Applied For ☐ Not Applicable

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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSEMAN, MARK 1800 E 2ND ST. BLOOMINGTON, IN	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Thomas Michael Ford Indiana University, Bryan Hall, Rm 14 Bloomington IN 47405 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLAY, TRACY 1924 EAST BAY POINTE BLOOMINGTON, IN	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TALIAFERRO, GEORGE 3013 STRATFORD DRIVE BLOOMINGTON, IN 47401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C George Taliaferro 2708 Olcott Blvd Bloomington IN 47401 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M KOHR, RONALD E 289 BANKERS DRIVE BLOOMINGTON, IN 47408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roland Kohr 3153 Coppertree Dr Bloomington IN 47401 X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO LOFGREN, RICHARD E 4953 AQUADUCT DRIVE GREENWOOD, IN 46142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SMITH, VERNON 2420 ROCK CREEK DRIVE BLOOMINGTON, IN 47401	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Rhonda C. [illegible] 04.19.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #