# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P17273

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

| Principal Place of Business | Mailing Address |
|---|---|
| 2501 COTA DRIVE<br>BLOOMINGTON, IN 47403 | 2501 COTA DRIVE<br>BLOOMINGTON, IN 47403 |

**DO NOT WRITE IN THIS SPACE**

04072005 No Chg-NP CR2E037 (10/03)

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

000000330915
04/25/05-80177-013 70.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | ST |
| NAME | FORD, THOMAS MICHAEL |
| STREET ADDRESS | INDIANA UNIVERSITY, BRYAN HALL ROOM 1 |
| CITY-ST-ZIP | BLOOMINGTON, IN 47405 |
| TITLE | C |
| NAME | TALIAFERRO, GEORGE |
| STREET ADDRESS | 2708 OLCOTT BLVD. |
| CITY-ST-ZIP | BLOOMINGTON, IN 47401 |
| TITLE | D |
| NAME | KOHR, RONALD |
| STREET ADDRESS | 3153 COPPERTREE DR. |
| CITY-ST-ZIP | BLOOMINGTON, IN 47401 |
| TITLE | PCEO |
| NAME | LOFGREN, RICHARD E |
| STREET ADDRESS | 4953 AQUADUCT DRIVE |
| CITY-ST-ZIP | GREENWOOD, IN 46142 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Richard E. Lofgren Richard Lofgren, CEO 812-336-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #