2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 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 BLOOMINGTON, IN 47403	2501 COTA DRIVE BLOOMINGTON, IN 47403

DO NOT WRITE IN THIS SPACE

04122007 No Chg-NP CR2E037 (4/06)

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 _____
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, 2007

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

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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000725223
05/03/07-80013-019 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas M Ford 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #