2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P17273

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

Current Principal Place of Business:

2501 COTA DRIVE
BLOOMINGTON, IN 47403

New Principal Place of Business:

Current Mailing Address:

2501 COTA DRIVE
BLOOMINGTON, IN 47403

New Mailing Address:

FEI Number: 35-1674365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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: C ( ) Delete
Name: FORD, THOMAS MICHAEL
Address: INDIANA UNIVERSITY, BRYAN HALL ROOM 1
City-St-Zip: BLOOMINGTON, IN 47405

Title: PCEO ( ) Delete
Name: LOFGREN, RICHARD E
Address: 4953 AQUADUCT DRIVE
City-St-Zip: GREENWOOD, IN 46142

Title: S ( ) Delete
Name: STARKS, BRENT
Address: 943 WAVELAND LN
City-St-Zip: GREENWOOD, IN 46142

Title: T ( ) Delete
Name: PRICE, SCOTT CPA
Address: 800 E 96 ST STE 500
City-St-Zip: INDIANAPOLIS, IN 46240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 exemption stated 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 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: KEVIN A. HALLORAN ATTY 04/28/2009

Electronic Signature of Signing Officer or Director — Date