FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:05

DOCUMENT # P19365 (6)

1. Corporation Name
NATIONAL FIRE SAFETY COUNCIL, INC.

Principal Place of Business	Mailing Address
4065 PAGE AVENUE P.O. BOX 378 MICHIGAN CENTER MI 49254-0378	4065 PAGE AVENUE P.O. BOX 378 MICHIGAN CENTER MI 49254-0378

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1988
3a. Date of Last Report: 04/14/1994
4. FEI Number: 38-2292422 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, K.C.	12 NAME	
STREET ADDRESS	4065 PAGE AVE., P. O. BOX 378 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	MICHIGAN CENTER MI	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SOUTHWORTH, CHARLES H.	22 NAME	
STREET ADDRESS	4551 BLACKMAN ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BENES, CARL J.	32 NAME	
STREET ADDRESS	120 N. JACKSON STREET	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	SOUTHWORTH, CHARLES H.	42 NAME	
STREET ADDRESS	4551 BLACKMAN RD.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BRAUREITER, DONALD J.	52 NAME	
STREET ADDRESS	712 CRESCENT RD	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	Director
STREET ADDRESS		63 STREET ADDRESS	Glennis D. Wilkinson
CITY-ST-ZIP		64 CITY-ST-ZIP	1301 Wilkinson Dr. Jackson, MI 49203

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: By K C Wilkinson President 4/26/95 (517) 764-2811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074443