

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P34023

1. Entity Name
NATIONAL DRUG & SAFETY LEAGUE, INC.



Principal Place of Business
**1747 PENNSYLVANIA AVENUE N W
SUITE 1000
WASHINGTON, DC 20006**

Mailing Address
**1747 PENNSYLVANIA AVENUE N W
SUITE 1000
WASHINGTON, DC 20006**

DO NOT WRITE IN THIS SPACE

04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
38-2773800

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000127432
04/23/04-90074-008 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
DYE, ALAN P
1747 PENNSYLVANIA AVE,NW
WASHINGTON, DC 20006**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DTV
GOCH, DAVID
1747 PENNSYLVANIA AVE NW
WASHINGTON, DC 20006**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CRAFT, JAMES M
P.O. BOX 987
JACKSON, MI 492040987**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
REICHARD, JILL
4065 PAGE AVENUE
MICHIGAN CENTER, MI 49254**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AT
SMITH, ROSEMARY
7321 LAGRANGE RD STE 211
LOUISVILLE, KY 40222**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KAUFMAN, HARLEY J
309 WORCESTER RD.
NATICK, MA 01760**

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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: BY: *Jill Reichard* ASSISTANT SECRETARY 4/15/04 517-764-6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jill Reichard