

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55030

FILED
Apr 18, 2006
Secretary of State

Entity Name: EMPLOYERS SAFETY COUNCIL OF FLORIDA, INC.

Current Principal Place of Business:

8100SW 10TH STREET
SUITE 2000
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

555 PLEASANTVILLE RD.
SUITE 160S
BRIARCLIFF MANOR, NY 10510 US

New Mailing Address:

FEI Number: 59-3134736 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NEWBORN, ERNEST J II
Address: 555 PLEASANTVILLE RD. - 160S
City-St-Zip: BRIARCLIFF MANOR, NY 10510 US

Title: CEO () Delete
Name: KARP, MICHAEL
Address: 8100 SW 10TH STREET - STE. 2000
City-St-Zip: PLANTATION, FL 33324 US

Title: T () Delete
Name: SCHNEIDER, ROBERT
Address: 555 PLEASANTVILLE RD. - 160S
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: AT () Delete
Name: BOWLER, EDWARD
Address: 555 PLEASANTVILLE RD. - 160S
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: AS () Delete
Name: OBERST, NAMEE
Address: 555 PLEASANTVILLE RD. - 160S
City-St-Zip: BRIARCLIFF MANOR, NY 10510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: LANDESBURG, SAUL
Address: 8100 SW 10TH STREET - STE. 2000
City-St-Zip: PLANTATION, FL 33324 US

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

Title: AT (X) Change () Addition
Name: HESS, DAVE
Address: 555 PLEASANTVILLE RD. - 160S
City-St-Zip: BRIARCLIFF MANOR, NY 10510

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAMEE OBERST

AS

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date