FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V73924

1. Corporation Name
NATIONAL EMPLOYER SAFETY COALITION, INC.

Principal Place of Business
1800 Second Street
Suite 909
Sarasota, FL 34236

Mailing Address
P. O. Box 2139
Sarasota, FL
34230-2139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1992

2. Principal Place of Business (21): (see above)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26): (see above)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 65-0383311 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
G. Wayne Harris
1800 SEcond Street
Suite 909
Sarasota, FL 34236

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/D ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	G. Wayne Harris	1.2 NAME
STREET ADDRESS	1800 Second St., Suite 909	1.3 STREET ADDRESS
CITY-ST-ZIP	Sarasota, FL 34236	1.4 CITY-ST-ZIP
TITLE	VP/D ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	F. I. Hughes	2.2 NAME
STREET ADDRESS	2605 Maitland Center Pkwy.	2.3 STREET ADDRESS
CITY-ST-ZIP	Maitland, FL 32754	2.4 CITY-ST-ZIP
TITLE	VP/D ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	Jon Harkavy	3.2 NAME
STREET ADDRESS	1501 Wilson Blvd., Suite 1110	3.3 STREET ADDRESS
CITY-ST-ZIP	Arlington, VA 22209	3.4 CITY-ST-ZIP
TITLE	VP/T/D ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	Michael T. Rogers	4.2 NAME
STREET ADDRESS	45 State Street, #395	4.3 STREET ADDRESS
CITY-ST-ZIP	Montpelier, VT 05601	4.4 CITY-ST-ZIP
TITLE	S/D ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	Kelly Lanza	5.2 NAME
STREET ADDRESS	1800 SEcond St., Suite 909	5.3 STREET ADDRESS
CITY-ST-ZIP	Sarasota, FL 34236	5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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RE 4.28

CR2E034 (10/97)

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with my address.

SIGNATURE: Jon Harkavy — Jon Harkavy — 3/30/98 — 703-812-8425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #