2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2020
Secretary of State
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Entity Name: THE CHILDREN'S ORGAN TRANSPLANT ASSOCIATION, INC.

Current Principal Place of Business:

2501 W COTA DRIVE
BLOOMINGTON, IN 47403

Current Mailing Address:

2501 W COTA DRIVE
BLOOMINGTON, IN 47403 US

FEI Number: 35-1674365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US

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

Officer/Director Detail :

Title	BOARD MEMBER
Name	MCNEELY, KATHLEEN T
Address	5319 WESTFALL COURT
City-State-Zip:	BLOOMINGTON IN 47404

Title	CHAIRMAN OF THE BOARD
Name	AUKERMAN, ROB
Address	260 S 700 EAST
City-State-Zip:	SHELBYVILLE IN 46176

Title	SECRETARY
Name	ORMSTEDT, DAVID
Address	2905 S OLCOTT BLVD
City-State-Zip:	BLOOMINGTON IN 47404

Title	BOARD MEMBER
Name	FITZPATRICK, PATRICK
Address	2501 COTA DRIVE
City-State-Zip:	BLOOMINGTON IN 47403

Title	BOARD MEMBER
Name	BALDWIN, JOELLEN
Address	3715 E. EXITER LANE
City-State-Zip:	BLOOMINGTON IN 47408

Title	BOARD MEMBER
Name	DROWNE, MATTHEW
Address	2561 E TAXIDEA WAY
City-State-Zip:	PHOENIZ AZ 85048

Title	TREASURER
Name	PRICE, SCOTT
Address	2501 COTA DRIVE
City-State-Zip:	BLOOMINGTON IN 47403

Title	VC
Name	FORD, T. MICHEAL
Address	2501 COTA DRIVE
City-State-Zip:	BLOOMINGTON IN 47403

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I hereby 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 all other like empowered.

SIGNATURE: ROB AUKERMAN — CHAIRMAN OF THE BOARD — 01/03/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CFO
Name	FULKERSON, LISA
Address	2501 COTA DRIVE
City-State-Zip:	BLOOMINGTON IN 47403

Title	PRESIDENT
Name	LOFGREN, RICHARD
Address	2501 COTA DRIVE
City-State-Zip:	BLOOMINGTON IN 47403

Title	BOARD MEMBER
Name	ELLIS, JOLENE
Address	182 PINE HILL LAKE DR
City-State-Zip:	HORTON MI 49246

Title	BOARD MEMBER
Name	SEIDERS , SUZANNE
Address	950 N. MERIDIAN ST STE 600
City-State-Zip:	INDIANAPOLIS IN 46204

Title	BOARD MEMBER
Name	HANNAH, BO
Address	677 MEADOWVIEW
City-State-Zip:	GREENWOOD IN 46142

Title	BOARD MEMBER
Name	COLLINS, MARC
Address	5914 N. NEW JERSEY ST
City-State-Zip:	INDIANAPOLIS IN 46220

Title	BOARD MEMBER
Name	HELLWIG, NELSON
Address	616 DREW CT
City-State-Zip:	SLIDELL LA 70461