

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17273

Entity Name: THE CHILDREN'S ORGAN TRANSPLANT ASSOCIATION, INC.**Current Principal Place of Business:**2501 COTA DRIVE
BLOOMINGTON, IN 47403**Current Mailing Address:**2501 COTA DRIVE
BLOOMINGTON, IN 47403**FEI Number:** 35-1674365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 CFO
Name FULKERSON, LISA
Address 2501 COTA AVE
City-State-Zip: BLOOMINGTON IN 47403

Title BOARD MEMBER
Name DEBRUICKER, TIM
Address 885 S WOODCREST DR
City-State-Zip: BLOOMINGTON IN 47401

Title BOARD MEMBER
Name GANTON, SCOTT
Address 3004 GARDNER RD
City-State-Zip: PARMA MI 49269

Title BOARD MEMBER
Name PAGANELLI, F. ANTHONY
Address 2501 COTA DRIVE
City-State-Zip: BLOOMINGTON IN 47403

Title VC
Name AUKERMAN, ROB
Address 2500 INNOVATION WAY
City-State-Zip: GREENFIELD IN 46140

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

Title CHAIRMAN
Name GILROY, JAMES
Address 1400 W RAYMOND STREET
City-State-Zip: INDIANAPOLIS IN 46285

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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: RICHARD LOFGREN**PRESIDENT****01/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name HUFFMAN, CRAIG
Address 201 W SYCAMORE ST
City-State-Zip: KOKOMA IN 46901

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

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

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

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

Title BOARD MEMBER
Name KNAPP, SHARON
Address 4646 ALLEN DRIVE
City-State-Zip: CARMEL IN 46033

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

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

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