

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006349

Entity Name: THE RISK MANAGEMENT AND PATIENT SAFETY INSTITUTE, INC.**FILED**
Mar 31, 2015
Secretary of State
CC2285854490**Current Principal Place of Business:**3100 WEST ROAD BUILDING #1, SUITE 200
EAST LANSING, MI 48823**Current Mailing Address:**3100 WEST ROAD BUILDING #1, SUITE 200
EAST LANSING, MI 48823 US**FEI Number: 20-4793831****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PRES
Name	HANSON, GREGG L
Address	ONE FINANCIAL CENTER 13TH FLOOR
City-State-Zip:	BOSTON MA 02111

Title	SVP, TREASURER
Name	HAYES, RICHARD G
Address	ONE FINANCIAL CENTER 13TH FLOOR
City-State-Zip:	BOSTON MA 02111

Title	ASEC
Name	IRISH, AMY T
Address	3100 WEST ROAD BUILDING 1, SUITE 200
City-State-Zip:	EAST LANSING MI 48823

Title	SVP, SECRETARY
Name	URSUL, MARY L
Address	3100 WEST ROAD BUILDING 1, SUITE 200
City-State-Zip:	EAST LANSING MI 48823

Title	VP
Name	GIBSON, TARA R
Address	ONE FINANCIAL CENTER 13TH FLOOR
City-State-Zip:	BOSTON MA 02111

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY L URSUL**SECRETARY****03/31/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date