

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006349

**FILED**  
**Mar 22, 2016**  
**Secretary of State**  
**CC5567578240**

**Entity Name:** THE RISK MANAGEMENT AND PATIENT SAFETY INSTITUTE, INC.

**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	EXECUTIVE VICE PRESIDENT, SECRETARY
Name	URSUL, MARY L
Address	3100 WEST ROAD BUILDING 1, SUITE 200
City-State-Zip:	EAST LANSING MI 48823
Title	COO
Name	MURPHY, JOSEPH G.
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	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**

**03/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date