

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90145 030 ****70.00


40066771



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 13-1930701	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # 813457
 1. Entity Name
 CYSTIC FIBROSIS FOUNDATION



Principal Place of Business 6931 ARLINGTON RD. BETHESDA, MD 20814 US	Mailing Address 6931 ARLINGTON RD. BETHESDA, MD 20814 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 UNITED STATES CORPORATION COMPANY
 1201 HAYS ST
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTINGLY, RICHARD C 6931 ARLINGTON ROAD #200 BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LCC BARRY, AMY S 1031 ARDSLEY ROAD CHARLOTTE, NC 28270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAL BASKIN, BRUCE L 6099 RIVERSIDE DRIVE SUITE 207 DUBLIN, OH 43017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BEALL, ROBERT J PHD 6931 ARLINGTON ROAD, SUITE 200 BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GUMP, BARRY M 2345 GRAND BLVD SUITE 2500 KANSAS CITY, MO 641082684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COOPER, CAM C 1245 CAPERTON WAY CHARLESTON, SC 29412

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **Verza H. Trigg Sr. VP + CFO** **4/15/05** **(301) 951-4422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT 45066771
#813457

**CORPORATE OFFICERS
OF THE CYSTIC FIBROSIS FOUNDATION**

Robert J. Beall, Ph.D., President and Chief Executive Officer

C. Richard Mattingly, Secretary, Executive Vice President and Chief Operating Officer

Preston W. Campbell, III, M.D., Executive Vice President for Medical Affairs, Assistant Secretary

Vera H. Twigg, Senior Vice President and Chief Financial Officer, Assistant Secretary

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2004 BOARD OF TRUSTEES

Revised as of April 30, 2004

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Department of Pediatrics
The Children's Hospital
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