
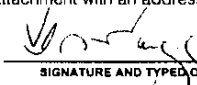


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90260 028 \*\*\*\*70.00

<b>DOCUMENT # 813457</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-1930701	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNITED STATES CORPORATION COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTINGLY, RICHARD C		NAME		
STREET ADDRESS	6931 ARLINGTON ROAD #200		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20814		CITY-ST-ZIP		
TITLE	LCC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRY, AMY S		NAME		
STREET ADDRESS	1800 PINWOOD CIR		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28211		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEALL, ROBERT J PHD		NAME	See attached listing	
STREET ADDRESS	6931 ARLINGTON ROAD, SUITE 200		STREET ADDRESS	of Officers and Board of Trustees	
CITY-ST-ZIP	BETHESDA, MD 20814		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUMP, BARRY M		NAME		
STREET ADDRESS	26954 RUETHER AVE.		STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARITA, CA 91351		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLOUD, CATHERINE C		NAME		
STREET ADDRESS	2701 JENKINS POINT RD.		STREET ADDRESS		
CITY-ST-ZIP	SEABROOK ISLAND, SC 29455		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Vera H. Twigg, Sr. VP & CFO		4/22/08 (301)951-4422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40051500



04152008 Chg-NP CR2E037 (12/06)

ATTACHMENT  
40097597  
#813457

Attachment

**CYSTIC FIBROSIS FOUNDATION  
BOARD OF TRUSTEES**  
(as of February 13, 2008)

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