

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90075 032 \*\*\*\*61.25

<b>DOCUMENT # 845293</b>			
1. Entity Name <b>PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.</b>			
Principal Place of Business <b>810 SEVENTH AVENUE NEW YORK NY 10019</b>		Mailing Address <b>810 SEVENTH AVENUE NEW YORK NY 10019-5818</b>	
2. Principal Place of Business <b>NV</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>13-1644147</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>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.</b>	
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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREDO, VIGIL M.D.		NAME		
STREET ADDRESS	870 SEVENTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POINDEXTER, ALFRED M.D.		NAME		
STREET ADDRESS	810 SEVENTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, SHARON W		NAME		
STREET ADDRESS	810 SEVENTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHALLENBERGER, MARY		NAME		
STREET ADDRESS	810 SEVENTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGHAUS, BARBARA		NAME		
STREET ADDRESS	810 SEVENTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEY, CINDY		NAME		
STREET ADDRESS	810 SEVENTH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP		

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:** *SIGNATURE* **2/28/00** **(212) 541-7800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (9/99)