

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 05, 2009  
Secretary of State**

DOCUMENT# 845293

Entity Name: PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

**Current Principal Place of Business:**

434 W 33RD STREET  
NEW YORK, NY 10001

**New Principal Place of Business:**

**Current Mailing Address:**

434 W 33RD STREET  
NEW YORK, NY 10001

**New Mailing Address:**

FEI Number: 13-1644147      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: MARKS, ELENA  
Address: 434 W 33RD STREET  
City-St-Zip: NEW YORK, NY 10001

Title: VC      ( ) Delete  
Name: DEWITT, DEBORAH  
Address: 434 W 33RD STREET  
City-St-Zip: NEW YORK, NY 10001

Title: T      ( ) Delete  
Name: COLEMAN, LIDA L  
Address: 434 W 33RD STREET  
City-St-Zip: NEW YORK, NY 10001

Title: S      ( ) Delete  
Name: CALDWELL-JOHNSON, TERE  
Address: 434 W 33RD STREET  
City-St-Zip: NEW YORK, NY 10001

Title: AS      ( ) Delete  
Name: OTTEN, BETH  
Address: 434 W 33RD STREET  
City-St-Zip: NEW YORK, NY 10001

Title: AT      ( ) Delete  
Name: BEHARRY, JANKIE  
Address: 434 W 33RD ST  
City-St-Zip: NEW YORK, NY 10001

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSIE MCCLAIN

LA

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date