

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845293

FILED  
Mar 23, 2010  
Secretary of State

**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  
Name: MCCARTHY, VALERIE  
Address: 434 W 33RD STREET  
City-St-Zip: NEW YORK, NY 10001

Title: VC  
Name: SCHOLLETT, LYN  
Address: 434 W 33RD STREET  
City-St-Zip: NEW YORK, NY 10001

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

Title: S  
Name: OPPENHEIMER, MATTHEW  
Address: 434 W 33RD STREET  
City-St-Zip: NEW YORK, NY 10001

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSIE MCCLAIN

LR

03/23/2010

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

\_\_\_\_\_  
Date