

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90075 028 \*\*\*\*61.25

**DOCUMENT # 845293**

1. Entity Name  
**PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.**



Principal Place of Business  
**810 SEVENTH AVENUE  
NEW YORK NY 10019**

Mailing Address  
**810 SEVENTH AVENUE  
NEW YORK NY 10019**

2. Principal Place of Business  
**434 W. 33rd St.**

Suite, Apt. #, etc.

3. Mailing Address  
**same as # 2**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**N.Y. N.Y.**

City & State

4. FEI Number **13-1644147**

Applied For  
 Not Applicable

Zip  
**10001**

Country  
**USA**

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 <del>NO</del>	<input type="checkbox"/> Delete	NAME <b>ALFREDO, VIGIL M.D.</b>	STREET ADDRESS <b>870 SEVENTH AVENUE</b>	CITY-ST-ZIP <b>NEW YORK NY 10019</b>
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete	NAME <b>PUGH, J. TYLER</b>	STREET ADDRESS <b>810 SEVENTH AVENUE</b>	CITY-ST-ZIP <b>NEW YORK NY 10019</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	NAME <b>ALLISON, SHARON W</b>	STREET ADDRESS <b>810 SEVENTH AVENUE</b>	CITY-ST-ZIP <b>NEW YORK NY 10019</b>
TITLE <b>C</b>	<input checked="" type="checkbox"/> Delete	NAME <b>SHALLENBERGER, MARY</b>	STREET ADDRESS <b>810 SEVENTH AVENUE</b>	CITY-ST-ZIP <b>NEW YORK NY 10019</b>
TITLE <del>S</del>	<input type="checkbox"/> Delete	NAME <b>FUERI, BOBBIE</b>	STREET ADDRESS <b>810 SEVENTH AVENUE</b>	CITY-ST-ZIP <b>NEW YORK NY 10019</b>
TITLE <b>CFO</b>	<input checked="" type="checkbox"/> Delete	NAME <b>MORELAND, LARRY</b>	STREET ADDRESS <b>810 SEVENTH AVE</b>	CITY-ST-ZIP <b>NEW YORK NY 10019</b>

TITLE <b>C</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>C</b>	STREET ADDRESS <b>434 W. 33rd St</b>	CITY-ST-ZIP <b>10001</b>
TITLE <b>VC</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Lucy J. Karl</b>	STREET ADDRESS <b>434 W. 33rd St.</b>	CITY-ST-ZIP <b>NY NY 10001</b>
TITLE <b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>James D. Yound</b>	STREET ADDRESS <b>434 W. 33rd St</b>	CITY-ST-ZIP <b>NY NY 10001</b>
TITLE <b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>LaDon Love</b>	STREET ADDRESS <b>434 W. 33rd St</b>	CITY-ST-ZIP <b>NY NY 10001</b>
TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>D</b>	STREET ADDRESS <b>434 W. 33rd St</b>	CITY-ST-ZIP <b>10001</b>
TITLE <b>Controller / Asst. Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Igor Goldenberg</b>	STREET ADDRESS <b>434 W. 33rd St</b>	CITY-ST-ZIP <b>10001</b>

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: *Igor Goldenberg* (E.O. 12958) GOLDENBERG / 3-10-03 212-2614301

CR2E037 (10/02)