

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852718 (6)

1. Corporation Name
NATIONAL PSORIASIS FOUNDATION, INC.



Principal Place of Business: 6600 SW 92 AVE S300 PORTLAND OR 97223 US
Mailing Address: 6600 SW 92 AVE S300 PORTLAND OR 97223 US

3. Date Incorporated or Qualified: 04/27/1982
3a. Date of Last Report: 03/22/1995
4. FEI Number: 93-0571472
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BUTLER, BARBARA	11 TITLE	P BARTON, THOMAS
NAME	12 DWYER PL	12 NAME	13633 BARTON CT
STREET ADDRESS	ST LOUIS MO	13 STREET ADDRESS	LOS ALTOS HILLS, CA 94022
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	+ GILBERT, TOM	21 TITLE	V BELLAIRES
NAME	330 BELLAIR CT	22 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BROOMFIELD CO	23 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	24 CITY-ST-ZIP	
TITLE	S CHEVERES DE MUMMEY, CARMEN	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	396 CAMINO DE CELESTE	32 NAME	
STREET ADDRESS	THOUSAND OAKS CA	33 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	91360
TITLE	+ BARTON, THOMAS	41 TITLE	T WOHLBERG, SETH
NAME	13633 BARTON CT	42 NAME	121 Holmes Ave
STREET ADDRESS	LOS ALTOS HILLS CA	43 STREET ADDRESS	DARIEN, CT 06820
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	ED ZIMMERMAN, GAIL M	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6600 SW 92 AVE S300	52 NAME	
STREET ADDRESS	PORTLAND OR	53 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	97223
TITLE	D BECKER, BOB	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N6051 HIGHWAY P	62 NAME	
STREET ADDRESS	HELENVILLE WI	63 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	64 CITY-ST-ZIP	53137

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gail M Zimmerman* 1/22/96 (503)244-7404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)