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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852718

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/27/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 93-0571472
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BARTON, THOMAS 13633 BARTON CT. LOS ALTOS HILLS CA	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	GILBERT, TOM 330 BELLAIRE CT. BROOMFIELD CO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	CHEVERES DE MUMMEY, CARMEN 396 CAMINO DE CELESTE THOUSAND OAKS CA	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	WOHLBERG, SETH 121 HOLMES AVE. DARIEN CT	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MD	ZIMMERMAN, GAIL M 6600 SW 92 AVE S300 PORTLAND OR	5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like errors corrected.

SIGNATURE: Gail M. Zimmerman 3-15-99 503/244-7404
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GAIL M. ZIMMERMAN Date Daytime Phone #

CR2E037 (1/198)