

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999							03-17-1999 90071 007 ***			
DOCU	MENT # 85	2718								
1. Corporation	on Name									
NATION	NAL PSORIASIS FO	UNDATION,	INC.							
			. <u></u>							
Principal Plac	ce of Business		Mailing Address							
6600 SW 92	AVE		6600 SW 92 AVE				- 1			
S300 PORTLAND (ND 07999		S300 PORTLAND OR 97223							
US	JN 57223		US STEED							
2. Principal I	Place of Business		2a. Mailing Address				3.	Date Incorporated or Qualifect 04/27/1982	l	
21		2	6							
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				4.	93-0571472		
City & Sta	ate		City & State					Certificate of Status Desired	X	\$8
23		2	8				3.	Certificate of otatos posited	——————————————————————————————————————	F
Zip	Country	-	Zip	Cour	ntry		6.	Election Campaign Financing		\$
24	25	2	9	30				Trust Fund Contribution		A
	9. Name and Addres	ss of Current Re	gistered Agent				10.	Name and Address of New	Registered	Agent
					81	Name				
CT COR	CT CORPORATION SYSTEM					Street	Address (P.O. Box Number is Not Acceptable)			
1200 S.	1200 S. PINE ISLAND ROAD									
PLANTA	TION FL 33324				83					
					84	City			FI	85
office or	registered agent; or both, am familiar with, and acce	in the State of FI	orida. Such change was :	autnonzed	ו עם ו	ne com	corporation oration's be	n submits this statement for the oard of directors. I hereby acce	purpose o	of chang pintmen
SIGNATURE	Signature, typed or printed name		title if applicable (NOT	E: Registered	Aneni	angesture r	nouired when	minstating)	DATE	
12.		FFICERS AND D		13.		· ungriculario i		ADDITIONS/CHANGES TO O	FFICERS A	ND DIF
TITLE	PD: -	1170211071110	DELETE	1.1 TIT	rle .		CD			XC
NAME	BARTON, THOMAS			1.2 NA	WE					
STREET ADDRES	ACCCC PARTON OT			1,3 ST	REET	ADDRESS				
1	LOS ALTOS HILLS			1.4 CF						
CITY-ST-ZIP	VD VD	<u></u>	▼ DELETE	2.1 111			 			c
I III CE	'0		X	I			I			

Mar 17, 1999 8:00 am Secretary of State

99 90071 007 ****70.00

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Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be Added to Fees

85 Zip Code

			1 1		<u> </u>					
office or re	to the provisions of Sections 617.0502 and 617.1 egistered agent, or both, in the State of Florida. S m familiar with, and accept the obligations of, Sec	iuch change was auti	nonzea by the corbi	corporation submits this statement for the oration's board of directors. I hereby accoration	ne purpose of changing its rept the appointment as reg	egistered istered				
SIGNATURE	- may be a second and a second	inable (NOTE: D.	enistered Agent synghire	required when reinstating)	DATE					
12.	Signature, typed or printed name of registered agent and title if appl		OTE: Registand Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	DELETE	1.1 TITLE	CD	Change	☐ Addition				
NAME	BARTON, THOMAS		1.2 NAME							
STREET ADDRESS	13633 BARTON CT.		1.3 STREET ADDRESS							
CITY-ST-ZIP	LOS ALTOS HILLS CA		1.4 CITY-ST-ZIP							
TITLE	VD	DELETE	2.1 TITLE		Change	Addition Addition				
NAME	GILBERT, TOM	••	2.2 NAME							
STREET ADDRESS	330 BELLAIRE CT.		2.3 STREET ADDRESS							
CITY-ST-ZIP	BROOMFIELD CO	<u> </u>	2.4 CITY-ST-ZIP	,	 	—				
TITLE	SD	DELETE	3.1 TITLE	50	☐ Change	Addition				
NAME	CHEVERES DE MUMMEY , CARMEN		3.2 NAME	PATTY WAYNE FIT	SHEK					
STREET ADDRESS	396 CAMINO DE CELESTE		3.3 STREET ADDRESS	1515 5 BARRING	10N 0010					
CITY-ST-ZIP	THOUSAND OAKS CA		3.4. CITY-ST-ZIP	LOS ANGELES, CI	A 90049					
TITLE	TD	DELETE	4.1 TITLE	TD OURSTH DIRE	☐ Change	Addition				
NAME	Wohlberg, Seth	•	4, 2 NAME	MARY BETH CICE	SAD					
STREET ADDRESS	121 HOLMES AVE.		4.3 STREET ADDRESS	1 T C = 2 - 2 - 2 - 2 - 2	2015					
CITY-ST-ZIP	DARIEN CT		4.4 CITY-ST-ZIP		2043	T A Jan				
TITLE	MD	☐ OELETE	5.1 TITLE	PD	Change	Addition				
NAME	ZIMMERMAN, GAIL M		5.2 NAME							
STREET ADDRESS	6600 SW 92 AVE S300		5.3 STREET ADDRESS							
CITY-ST-ZIP	PORTLAND OR	<u></u>	5.4 CITY-ST-ZIP			C Addition				
TITLE		□ DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
C/TY-ST-7IP			6.4 CITY-ST-ZIP							

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 Fo 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 engineers.

SIGNATURE: