

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90004 047 \*\*\*\*70.00

**DOCUMENT # 852718**

1. Entity Name

**NATIONAL PSORIASIS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

SW 92 AVE  
 PORTLAND OR 97223

6600 SW 92 AVE  
 S300  
 PORTLAND OR 97223-7195  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**93-0571472**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

**97223-7195**

**97223-7195**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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.

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD**  Delete  
 NAME **BARTON, THOMAS**  
 STREET ADDRESS **13633 BARTON CT.**  
 CITY-ST-ZIP **LOS ALTOS HILLS CA**

TITLE **CD**  Change  Addition  
 NAME **ROBERT DAY, PhD**  
 STREET ADDRESS **4105 Lewis + Clark Dr**  
 CITY-ST-ZIP **Charlottesville, VA 22911**

TITLE **SD**  Delete  
 NAME **FISHER, PATTY W**  
 STREET ADDRESS **515 S BARRINGTON**  
 CITY-ST-ZIP **LA CA 90049**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **CICERO, MARY BETH**  
 STREET ADDRESS **4 OLD COUNTRY RD**  
 CITY-ST-ZIP **HINGHAM MA 02043**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **HINGHAM**

TITLE **PD**  Delete  
 NAME **WOHLBERG, SETH**  
 STREET ADDRESS **121 HOLMES AVE.**  
 CITY-ST-ZIP **DARIEN CT**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MD**  Delete  
 NAME **ZIMMERMAN, GAIL M**  
 STREET ADDRESS **6600 SW 92 AVE S300**  
 CITY-ST-ZIP **PORTLAND OR**

TITLE **PD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **97223-7195**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Gail M Zimmerman*  
**GAIL M ZIMMERMAN**  
**PRESIDENT & CEO**

**2-7-00**

**503/244-7404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)