

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 852718

FILED  
May 17, 2002 8:00 AM  
Secretary of State

Entity Name: NATIONAL PSORIASIS FOUNDATION, INC.

**Current Principal Place of Business:**

6600 SW 92 AVE  
S300  
PORTLAND, OR 97223 US

**New Principal Place of Business:**

**Current Mailing Address:**

6600 SW 92 AVE  
S300  
PORTLAND, OR 97223 US

**New Mailing Address:**

FEI Number: 93-0571472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: DAY, ROBERT PHD  
Address: 5 CEDAR BROOK DR S1  
City-St-Zip: CRANBURY, NJ 08512

Title: SD ( ) Delete  
Name: KELLY, MARA  
Address: 6643 N MAJORCA EAST WY  
City-St-Zip: PHOENIX, AZ 85016

Title: TD ( ) Delete  
Name: CICERO, MARY BETH  
Address: 4 OLD COUNTRY RD  
City-St-Zip: HINGHAM, MA 02043

Title: PD ( ) Delete  
Name: ZIMMERMAN, GAIL M  
Address: 6600 SW 92 AVE S300  
City-St-Zip: PORTLAND, OR 972237195

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL ZIMMERMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS.

05/17/2002

\_\_\_\_\_  
Date