

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 852718

FILED
Feb 14, 2003
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 ()

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 M. ZIMMERMAN

PD

02/14/2003

Electronic Signature of Signing Officer or Director

_____ Date