


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90123 044 \*\*\*\*61.25

**DOCUMENT # F02000002229**

1. Entity Name  
**NATIONAL ABORTION FEDERATION INC.**



Principal Place of Business      Mailing Address  
**1755 MASSACHUSETTS AVENUE, STE. 600**      **1755 MASSACHUSETTS AVENUE, STE. 600**  
**WASHINGTON DC 20036**      **WASHINGTON DC 20036**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **43-1097957**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>PAUL, MAUREEN MD</b>
STREET ADDRESS	<b>1055 COMMONWEALTH AVENUE</b>
CITY-ST-ZIP	<b>BOSTON MA 02215</b>
TITLE	<b>VC</b> <input type="checkbox"/> Delete
NAME	<b>SMITH, BERNARD MD</b>
STREET ADDRESS	<b>1428 N. FARWELL AVENUE</b>
CITY-ST-ZIP	<b>MILWAUKEE WI 53202</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BREITBART, VICKI MSW EDD</b>
STREET ADDRESS	<b>26 BLEEKER STREET</b>
CITY-ST-ZIP	<b>NEW YORK NY 10012</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>REIS, MONA</b>
STREET ADDRESS	<b>1501 PRESIDENTIAL WAS, STE. 19</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<b>PCEO</b> <input type="checkbox"/> Delete
NAME	<b>SAPORTA, VICKI</b>
STREET ADDRESS	<b>1755 MASSACHUSETTS AVE., NW, SUITE 600</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20036</b>
TITLE	<b>DD</b> <input type="checkbox"/> Delete
NAME	<b>DUDLEY, SUSAN</b>
STREET ADDRESS	<b>1755 MASSACHUSETTS AVE., NW, SUITE 600</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20036</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *SUSAN DUDLEY*      **SUSAN DUDLEY**      3/25/03 202/667-5881

CR2E037 (10/02)