

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004129

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE NORTH AMERICAN MENOPAUSE SOCIETY, INC.

Current Principal Place of Business:

5900 LANDERBROOK DRIVE, SUITE 390
MAYFIELD HEIGHTS, OH 44124

New Principal Place of Business:

Current Mailing Address:

310 W. 20TH STREET
SUITE 300
KANSAS CITY, MO 64108

New Mailing Address:

FEI Number: 34-1604749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: P () Delete
Name: ROTHERT, MARILYN L PH.D
Address: A210 LIFE SCIENCE BLDG
City-St-Zip: EAST LANSING, MI 48824

Title: E.D. () Delete
Name: UTIAN, WULF H
Address: 5900 LANDERBROOK DRIVE, SUITE 390
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: S () Delete
Name: SPEROFF, LEON
Address: 3181 SW SAM JACKSON PARK ROAD, UHN 70
City-St-Zip: PORTLAND, OR 97239

Title: PE () Delete
Name: HENDERSON, VICTOR
Address: 259 CAMPUS DRIVE
City-St-Zip: STANFORD, CA 94305

Title: T () Delete
Name: PINKERTON, JOANN V
Address: 2955 IVY ROAD
City-St-Zip: CHARLOTTESVILLE, VA 22903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PINKERTON, JOANN
Address: P.O. BOX 801104
City-St-Zip: CHARLOTTESVILLE, VA 22908

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

Title: S (X) Change () Addition
Name: CLARKSON, THOMAS
Address: MEDICAL CENTER BOULEVARD
City-St-Zip: WINSTON-SALEM, NC 27157

Title: PE (X) Change () Addition
Name: STUENKEL, CYNTHIA A
Address: 9500 GILMAN DRIVE, SUITE 0659
City-St-Zip: LA JOLLA, CA 92093

Title: T (X) Change () Addition
Name: GOLDSTEIN, STEVEN
Address: 530 FIRST AVENUE, SUITE 10N
City-St-Zip: NEW YORK, NY 10016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WULF H. UTIAN

Electronic Signature of Signing Officer or Director

E.D.

04/14/2009

_____ Date