

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001011

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE HERITAGE FOUNDATION, INCORPORATED

Current Principal Place of Business:

214 MASSACHUSETTS AVENUE, NE
WASHINGTON, DC 20002

New Principal Place of Business:

Current Mailing Address:

214 MASSACHUSETTS AVENUE, NE
WASHINGTON, DC 20002

New Mailing Address:

FEI Number: 23-7327730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: FEULNER, EDWIN J
Address: 214 MASSACHUSETTS AVENUE, NE
City-St-Zip: WASHINGTON, DC 20002

Title: V () Delete
Name: TRULUCK, PHILLIP N
Address: 214 MASSACHUSETTS AVENUE, NE
City-St-Zip: WASHINGTON, DC 20002

Title: S () Delete
Name: RENCH, J. FREDERIC
Address: 214 MASSACHUSETTS AVENUE, NE
City-St-Zip: WASHINGTON, DC 20002

Title: T () Delete
Name: VON KANNON, JOHN
Address: 214 MASSACHUSETTS AVENUE, NE
City-St-Zip: WASHINGTON, DC 20002

Title: C () Delete
Name: BROWN, DAVID R
Address: 214 MASSACHUSETTS AVENUE, NE
City-St-Zip: WASHINGTON, DC 20002

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:

Title: C (X) Change () Addition
Name: SAUNDERS, TOM
Address: 214 MASSACHUSETTS AVENUE, NE
City-St-Zip: WASHINGTON, DC 20002

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: TED SCHELENSKI

VP

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date