

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90002 020 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000000142

1. Corporation Name

THE NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE FOUNDATION, INC.

Principal Place of Business

1156 - 15TH STREET NW, STE. 700
 WASHINGTON DC 20005

Mailing Address

1156 - 15TH STREET NW, STE. 700
 WASHINGTON DC 20005



* 5 94464 4 90002 20 4 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/10/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

52-1100361

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1311 EXECUTIVE CENTER DR.
 TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD DELETE
 NAME ROSENWALD, PAT T
 STREET ADDRESS 944 FIFTH AVENUE
 CITY-ST-ZIP NEW YORK NY 10021

1.1 TITLE Change Addition
 1.2 NAME CD
 1.3 STREET ADDRESS Unterberg, Ann
 15 West 53rd Street
 1.4 CITY-ST-ZIP New York, NY 10019

TITLE P DELETE
 NAME MICHELMAN, KATE
 STREET ADDRESS 1156 15TH ST. NW #700
 CITY-ST-ZIP WASHINGTON DC 20005

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE VCD DELETE
 NAME WYSE, LOIS
 STREET ADDRESS PENTHOUSE B
 CITY-ST-ZIP NEW YORK NY 10021

3.1 TITLE VCD Change Addition
 3.2 NAME Silverman, Nancy
 3.3 STREET ADDRESS Four East 72nd Street
 3.4 CITY-ST-ZIP New York, NY 10021

TITLE MB DELETE
 NAME MILLIKEN, HELEN
 STREET ADDRESS 6103 PENINSULA DR.
 CITY-ST-ZIP TRAVERSE CITY MI 49684

4.1 TITLE MB Change Addition
 4.2 NAME Dolby, Dagmar
 4.3 STREET ADDRESS 3340 Jackson Street
 4.4 CITY-ST-ZIP San Francisco, CA 94118-2019

TITLE STD DELETE
 NAME UNTERBERG, ANN
 STREET ADDRESS 15 WEST 53RD ST.
 CITY-ST-ZIP NEW YORK NY 10019

5.1 TITLE STD Change Addition
 5.2 NAME Gross, Richard
 5.3 STREET ADDRESS 805 15th Street, N.W., 9th Floor
 5.4 CITY-ST-ZIP Washington, DC 20005

TITLE MB DELETE
 NAME YAKE, STANLEY
 STREET ADDRESS 10 FERRY DR.
 CITY-ST-ZIP REXFORD NY 12148

6.1 TITLE MB Change Addition
 6.2 NAME Hagans, Michele
 6.3 STREET ADDRESS 3298 Fort Lincoln Drive, NE
 6.4 CITY-ST-ZIP Atlanta, GA 30318

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elinor A. Silverman* **SIGNATURE REQUIRED** *Elinor A. Silverman* 7/6/99 (202) 973-3012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)