

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90058 010 \*\*\*\*61.25

**DOCUMENT # F94000000887**

1. Entity Name

**NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE, INC.**

Principal Place of Business

Mailing Address

1156 15TH STREET, NW  
 WASHINGTON DC 20005

1156 15TH STREET, NW  
 WASHINGTON DC 20005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-2630359**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1311 EXECUTIVE CENTER DRIVE**  
**TALLAHASSEE FL 32301**

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.

SIGNATURE \_\_\_\_\_

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

(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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MICHELMAN, KATE</b>	
STREET ADDRESS	<b>1156 15TH ST NW, STE 700</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>	
TITLE	<b>BCD</b>	<input type="checkbox"/> Delete
NAME	<b>WAGLE, MARY JANE</b>	
STREET ADDRESS	<b>1156 15TH ST, NW STE 700</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HENRY, G. ANGELA</b>	
STREET ADDRESS	<b>1156 15TH STREET NW, STE 700</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>PATTERSON, SALLY J</b>	
STREET ADDRESS	<b>1156 15TH ST N W, STE 700</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>	
TITLE	<b>ATD</b>	<input type="checkbox"/> Delete
NAME	<b>RHOME, ROM</b>	
STREET ADDRESS	<b>1156 15TH ST N W, STE 700</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>DELLINGER, ANNE</b>	
STREET ADDRESS	<b>1156 15TH ST N W, STE 700</b>	
CITY-ST-ZIP	<b>WASHINGTON FL 20005</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: \_\_\_\_\_

*John M. Botts* **JOHN M. BOTTS** 1/30/02 202-973-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)