

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002763

FILED  
Mar 16, 2012  
Secretary of State

Entity Name: PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC.

**Current Principal Place of Business:**

1875 CONNECTICUT AVENUE NORTHWEST  
SUITE 1012  
WASHINGTON, DC 20009

**New Principal Place of Business:**

1111 14TH STREET,  
SUITE 700  
WASHINGTON, DC 20005

**Current Mailing Address:**

1875 CONNECTICUT AVENUE NORTHWEST  
SUITE 1012  
WASHINGTON, DC 20009

**New Mailing Address:**

1111 14TH STREET,  
SUITE 700  
WASHINGTON, DC 20005

FEI Number: 23-7059731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NRAI SERVICES INC  
515 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: PE  
Name: PATTERSON, JEFF  
Address: 2532 BALDEN STREET  
City-St-Zip: MADISON, WI 53713

Title: T  
Name: GILBERT, STEVEN  
Address: 3711 47TH PLACE, NE  
City-St-Zip: SEATTLE, WA 98105

Title: D  
Name: DUVALL, JESSE  
Address: 5226 38TH AVENUE, NE,  
City-St-Zip: SEATTLE, WA 98105

Title: AT  
Name: DILLON KERWIN, MARY  
Address: 1111 4TH STREET, NW, SUITE 700  
City-St-Zip: WASHINGTON, DC 20005

Title: D  
Name: ALEXANDER, SID  
Address: 116 MANET ROAD  
City-St-Zip: CHESTNUT HILL, MA 02167

Title: D  
Name: BENEDICT, KENNETTE  
Address: 77 WEST WASHINGTON STREET  
City-St-Zip: CHICAGO, IL 60602

I hereby 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 all other like empowered.

SIGNATURE: MARY DILLON KERWIN

AT

03/16/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date