2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004
Secretary of State

DOCUMENT# P33552

Entity Name: ORPHAN FOUNDATION OF AMERICA INCOPORATED

Current Principal Place of Business:

12020-D NORTH SHORE DR
RESTON, VA 20190

New Principal Place of Business:

Current Mailing Address:

12020-D NORTH SHORE DR
RESTON, VA 20190

New Mailing Address:

FEI Number: 52-1238437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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: D ( ) Delete
Name: JACSON, PHILIP
Address: RT 1 #269
City-St-Zip: CHARLESTOWN, WV 25414

Title: D ( ) Delete
Name: MCCAFFREY, EILEEN
Address: 12020-D NORTH SHORE DR
City-St-Zip: RESTON, VA 20190

Title: D ( ) Delete
Name: EURE, MARY
Address: SALLIE MAE
City-St-Zip: RESTON, VA 20101

Title: D ( ) Delete
Name: BERNHART, GORDON
Address: 7309 ARLINGTON BLVD
City-St-Zip: FALLS CHURCH, VA 22042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: JACSON, PHILIP
Address: RT 1 #269
City-St-Zip: CHARLESTOWN, WV 25414

Title: O (X) Change ( ) Addition
Name: MCCAFFREY, EILEEN
Address: 12020-D NORTH SHORE DR
City-St-Zip: RESTON, VA 20190

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EILEEN MCCAFFREY O 05/06/2004

Electronic Signature of Signing Officer or Director — Date