2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 28, 2006
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:

21351 GENTRY DRIVE
UNIT 130
STERLING, VA 20166

Current Mailing Address:

12020-D NORTH SHORE DR
RESTON, VA 20190

New Mailing Address:

21351 GENTRY DRIVE
UNIT 130
STERLING, VA 20166

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

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: EILEEN MCCAFFREY
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: O ( ) 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: ( ) 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: EILEEN MCCAFFREY DIR 02/28/2006
Electronic Signature of Signing Officer or Director — Date