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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Morriam Secretary of State DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P34349 (1) NATIONAL BRAIN TUMOR FOUNDATION INCORPORATED

Principal Place of Business 785 MARKET ST. SUITE 1000 SAN FRANCISCO CA 94103

2. Principal Place of Business 21 26a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1991 3a. Date of Last Report 01/03/1995 4. FEI Number 94-2876985 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent GURWITCH, SHIRLEY 2525 SUNSET DR. MIAMI BEACH FL 33140 10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS P KERN, ARTHUR H. 1700 MONTGOMERY ST. #324 SAN FRANCISCO CA V LAMB, SHARON 2942 DIVISADERO ST. SAN FRANCISCO CA T BRODERSON, RICHARD 5237 GOLDEN GATE AVE. OAKLAND CA S SMITH, JAMES G. 1 MONTGOMERY ST., #1210 SAN FRANCISCO CA D NEWMAN, WALTER 870 MARKET, #917 SAN FRANCISCO CA D FARBER, CONNIE 1272 CAROLINE ST. ALAMEDA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D Change Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE P-D Change Addition 2.2 NAME Sharon Lamb 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE V-D Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE D Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE C-D Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE D Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon Lamb 2/28/95 (415) 284-0208