

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004129

FILED
Jan 28, 2016
Secretary of State
CC1708523404

Entity Name: THE NORTH AMERICAN MENOPAUSE SOCIETY, INC.

Current Principal Place of Business:

5900 LANDERBROOK DRIVE
SUITE 390
MAYFIELD HEIGHTS, OH 44124

Current Mailing Address:

5900 LANDERBROOK DRIVE, SUITE 390
MAYFIELD HEIGHTS, OH 44124

FEI Number: 34-1604749

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title E.D.
Name GASS, MARGERY L DR
Address 5900 LANDERBROOK DRIVE, SUITE 390
City-State-Zip: MAYFIELD HEIGHTS OH 44124

Title IMMEDIATE PAST PRESIDENT
Name SHIFREN, JAN L DR
Address 55 FRUIT ST, YAW 10A
City-State-Zip: BOSTON MA 02114

Title PRESIDENT
Name MAKI, PAULINE M DR
Address 912 S. WOOD ST
City-State-Zip: CHICAGO IL 60612

Title PRESIDENT-ELECT
Name SCHNATZ, PETER F DR.
Address PO BOX 16052
City-State-Zip: READING PA 19612-6052

Title TREASURER
Name KAUNITZ, ANDREW M DR.
Address 2966 FOREST CIRCLE
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY
Name SHAPIRO, MARLA DR.
Address 3292 BAYVIEW AVENUE SUITE 105
City-State-Zip: TORONTO M2M 4J5

Title BOARD MEMBER
Name SIEVERT, LYNNETTE L DR.
Address MACHMER HALL, BOX 39278 240 HICKS WAY
City-State-Zip: AMHERST MA 39278

Title COO
Name DEVELEN, CAROLYN
Address 5900 LANDERBROOK DRIVE, SUITE 390
City-State-Zip: MAYFIELD HEIGHTS OH 44124

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: CAROLYN DEVELEN

CHIEF OPERATING OFFICER

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date