

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002268

FILED
Jan 26, 2015
Secretary of State
CC4803449968

Entity Name: THE ARTHRITIS FOUNDATION, INC.

Current Principal Place of Business:

1330 WEST PEACHTREE STREET
ATLANTA, GA 30309

Current Mailing Address:

1330 WEST PEACHTREE STREET
ATLANTA, GA 30309

FEI Number: 58-1341679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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 CHAIRMAN
Name ORTMAN, MICHAEL
Address 1330 WEST PEACHTREE STREET
City-State-Zip: ATLANTA GA 30309

Title IMMEDIATE PAST CHAIR
Name MCGOWAN, DANIEL
Address 1330 WEST PEACHTREE STREET
City-State-Zip: ATLANTA GA 30309

Title TREASURER
Name STEWART, LAURIE
Address 1330 WEST PEACHTREE STREET
City-State-Zip: ATLANTA GA 30309

Title CFO
Name LARSON, KAREN
Address 1330 WEST PEACHTREE STREET
City-State-Zip: ATLANTA GA 30309

Title PRESIDENT
Name PALMER, ANN M
Address 1330 WEST PEACHTREE STREET
City-State-Zip: ATLANTA GA 30309

Title SECRETARY
Name DUNLAY, CATHERINE
Address 1330 WEST PEACHTREE STREET
City-State-Zip: ATLANTA GA 30309

Title VICE CHAIR
Name CHANG, ROWLAND
Address 1330 WEST PEACHTREE STREET
City-State-Zip: ATLANTA GA 30309

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: KAREN LARSON

CFO

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date