

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000002268

**FILED**  
**Jan 22, 2014**  
**Secretary of State**  
**CC6818034577**

**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 MCGOWAN, DANIEL T  
Address 1330 WEST PEACHTREE STREET  
City-State-Zip: ATLANTA GA 30309

Title IMMEDIATE PAST CHAIR  
Name SHUEY, DAVID E  
Address 1330 WEST PEACHTREE STREET  
City-State-Zip: ATLANTA GA 30309

Title TREASURER  
Name BARNHART, PETER  
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 NOVAK NELSON, PATRICIA  
Address 1330 WEST PEACHTREE STREET  
City-State-Zip: ATLANTA GA 30309

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

Title COO  
Name ROBERTA, BYRUM  
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: ROBERTA BYRUM**

**COO**

**01/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date