

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002268

FILED
Mar 30, 2018
Secretary of State
CC6093959617

Entity Name: THE ARTHRITIS FOUNDATION, INC.

Current Principal Place of Business:

1355 PEACHTREE STREET NE, SUITE 600
ATLANTA, GA 30309

Current Mailing Address:

1355 PEACHTREE STREET NE, SUITE 600
ATLANTA, GA 30309 US

FEI Number: 58-1341679

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 IMMEDIATE PAST CHAIRMAN
Name ORTMAN, MICHAEL
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title VC
Name STEWART, LAURIE
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title PRESIDENT
Name PALMER, ANN M
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name REDMOND, CAVAN
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title CHAIR
Name CHANG, ROWLAND
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name CRIGHTON, K. ANDREW
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title AT LARGE
Name EHLLING, DENNIS
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title ASSISTANT SECRETARY
Name MCCLELLAN, CATHERINE
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

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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: CATHERINE MCCLELLAN

ASSISTANT SECRETARY 03/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name BASCLE, JANE
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name EMERY, HELEN
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title TREASURER
Name LONGOBARDI, FRANK
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title SECRETARY
Name MORIARTY, MICHAEL
Address 1355 PEACHTREE STREET NE #600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name RIZZO, ANTHONY
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name BATTLE, MARY
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name KAHLON, RANDEEP
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title AT LARGE
Name MOONEY, MATT
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name PLEASANCE, DAVID
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name WILSON, W. HAYES
Address 1355 PEACHTREE STEET NE, SUITE 600
City-State-Zip: ATLANTA GA 30309