

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005324

Entity Name: BRIGHT PINK NFP, INC.**Current Principal Place of Business:**670 N. CLARK ST.
SUITE 2
CHICAGO, IL 60654**Current Mailing Address:**670 N. CLARK ST.
SUITE 2
CHICAGO, IL 60654**FEI Number:** 51-0619889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALKOFF, HEATHER
20155 NE 38TH CT #702
AVENTURA, FL 33180 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 | DIRECTOR |
| Name | AVNER, BRETT PH.D |
| Address | 600 N DEARBORN APT 1612 |
| City-State-Zip: | CHICAGO IL 60654 |

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|-----------------|--------------------------------|
| Title | PRESIDENT, DIRECTOR, SECRETARY |
| Name | AVNER, LINDSAY |
| Address | 670 N. CLARK ST., SUITE 2 |
| City-State-Zip: | CHICAGO IL 60654 |

| | |
|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | MALKOFF, KURT PH.D |
| Address | 2 EASTON OVAL SUITE 450 |
| City-State-Zip: | COLUMBUS OH 43219 |

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|-----------------|-----------------------------|
| Title | TREASURER |
| Name | RALSTON, KATHLEEN |
| Address | 670 N. CLARK ST. SUITE 2 |
| City-State-Zip: | CHICAGO IL 60654 |

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|-----------------|---------------------------------|
| Title | DIRECTOR |
| Name | FREIVOGEL, MARY MS, GCC |
| Address | 8200 E. BELLEVIEW AVE. #200E |
| City-State-Zip: | DENVER CO 80111 |

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|-----------------|--------------------------------|
| Title | DIRECTOR |
| Name | SLABY, MICHAEL |
| Address | 55 E. ERIE STREET APT. 4801 |
| City-State-Zip: | CHICAGO IL 60611 |

| | |
|-----------------|---------------------------------|
| Title | DIRECTOR |
| Name | RODARMEL, JOSHUA |
| Address | 20512 CRESCENT BAY SUITE 108 |
| City-State-Zip: | LAKE FOREST CA 92630 |

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: LINDSAY AVNER**PRESIDENT****04/16/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date