

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 23, 2013
Secretary of State
CC2333490358

Entity Name: VOTING FOR AMERICA CORPORATION

Current Principal Place of Business:

1025 CONNETICUT AVE NW
1000
WASHINGTON, DC 20036

Current Mailing Address:

1350 I STREET NW
WASHINGTON, DC 20005

FEI Number: 26-4802468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410 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 C
Name BRERETON, RENEE
Address 4429 COLORADO AVE NW
City-State-Zip: WASHINGTON DC 20011

Title PED
Name SLATER, MICHAEL
Address 1350 I STREET NW
City-State-Zip: WASHINGTON DC 20005

Title VC
Name YATES, GARLAND
Address 3118 LAKE AVENUE
City-State-Zip: CHEVERLY MD 20785

Title AS
Name MELLOR, BRIAN
Address 1350 I STREET NW
City-State-Zip: WASHINGTON DC 20005

Title ST
Name GREER, CHRISTINA
Address FORDHAM UNIV. 113 W 60TH ST-9TH
FL
City-State-Zip: NY NY 10023

Title D
Name ASKIN, FRANK
Address RUTGERS LAW SCHOOL 123
WASHINGTON ST
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR
Name KAPLAN, CRAIG
Address 214 E 18TH ST
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR
Name PIVEN, FRANCES
Address 35 CLAREMONT AVENUE, APT. 11-S
City-State-Zip: NEW YORK NY 10027

Continues on page 2

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: BRIAN MELLOR

ASSISTANT SECRETARY 04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GROARKE, MARGARET
Address 3330 GILES PLACE
City-State-Zip: BRONX NY 10463