
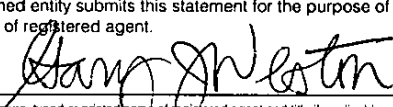
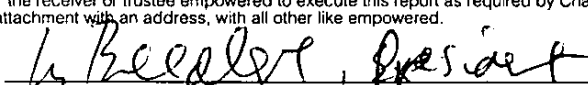


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90372 014 ****70.00

DOCUMENT # 767263 1. Entity Name NATIONAL DISABILITY RIGHTS NETWORK, INC.					
Principal Place of Business 900 SECOND ST NE STE 211 WASHINGTON, DC 20002			Mailing Address 900 SECOND ST NE STE 211 WASHINGTON, DC 20002		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2333653	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRISSOM, HUBERT A C/O ACPWD, INC 1000 N ASHLEY DRIVE #513 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Gary Weston Street Address (P.O. Box Number is Not Acceptable) C/O ACPWD, INC 2671 Prec. Ctr. Circle West Suite 100 City Tallahassee FL Zip Code 32301	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3/27/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PBOD	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FITZGERLAD, MAUREEN		NAME	Maureen Fitzgerald	
STREET ADDRESS	100 FAIR OAKS LANE 3RD FLOOR		STREET ADDRESS	100 Fair Oaks Lane 3rd Fl	
CITY-ST-ZIP	FRANKFORT, KY 40601		CITY-ST-ZIP	Frankfort KY 40601	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKS-ONGOY, BERNADETTE		NAME		
STREET ADDRESS	400 NORTH PARK, 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	HELENA, MT 59624		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VPBD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FLEURANT, DAVE		NAME	Margaret Jakobson	
STREET ADDRESS	3330 ARCTIC BLVD #103		STREET ADDRESS	1111 5th Ave Suite 200	
CITY-ST-ZIP	ANCHORAGE, AK 99503		CITY-ST-ZIP	San Diego CA 92101	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JANE		NAME		
STREET ADDRESS	220 I ST. NE, STE 130		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20002		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECKER, CURTIS L.		NAME		
STREET ADDRESS	900 SECOND ST NE #211		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC		CITY-ST-ZIP		
TITLE	VPBD	<input type="checkbox"/> Delete	TITLE	PBOD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREEDLOVE, LYNN		NAME	Lynn Breedlove	
STREET ADDRESS	16 N CARROLL ST STE 400		STREET ADDRESS	16 N Carroll St Suite 400	
CITY-ST-ZIP	MADISON, WI 53703		CITY-ST-ZIP	Madison WI 53703	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 3/27/06 <small>Date</small>		DAYTIME PHONE # 608 267 0214 <small>Daytime Phone #</small>