

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 805189

1. Entity Name

MARCH OF DIMES BIRTH DEFECTS FOUNDATION INCORPORATED

Principal Place of Business

1275 MAMARONECK AVE.
WHITE PLAINS NY 10605

Mailing Address

1275 MAMARONECK AVE.
WHITE PLAINS NY 10605

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

13-1846366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE AS
NAME BELLSEY, LISA ☐ Delete
STREET ADDRESS 1275 MAMARONECK AVE.
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME HOWSE, JENNIFER F. ☐ Delete
STREET ADDRESS 1275 MAMARONECK AVE.
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME LUKITSH, NANCY T ☐ Delete
STREET ADDRESS 1275 MAMARONECK AVE
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT
NAME MORRISON, KATHRYN ☐ Delete
STREET ADDRESS 1275 MAMARONECK AVE
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVP
NAME MASSEY, JANE ☐ Delete
STREET ADDRESS 1275 MAMARONECK AVE
CITY-ST-ZIP WHITE PLAINS NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD
NAME MATTISON, DONALD R ☐ Delete
STREET ADDRESS 1275 MAMARONECK AVE
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

KATHRYN MORRISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-02 (914) 428-7100

Date

Daytime Phone #

CR2E037 (9/01)