2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006
Secretary of State

DOCUMENT# 805189

Entity Name: MARCH OF DIMES BIRTH DEFECTS FOUNDATION INCORPORATED

Current Principal Place of Business:

1275 MAMARONECK AVE.
WHITE PLAINS, NY 10605

New Principal Place of Business:

Current Mailing Address:

1275 MAMARONECK AVE.
WHITE PLAINS, NY 10605

New Mailing Address:

FEI Number: 13-1846366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: AS ( ) Delete
Name: BELLSEY, LISA
Address: 1275 MAMARONECK AVE.
City-St-Zip: WHITE PLAINS, NY 10605

Title: P ( ) Delete
Name: HOWSE, JENNIFER F.,
Address: 1275 MAMARONECK AVE.
City-St-Zip: WHITE PLAINS, NY 10605

Title: T ( ) Delete
Name: LUKITSH, NANCY T
Address: 1275 MAMARONECK AVE
City-St-Zip: WHITE PLAINS, NY 10605

Title: AT ( ) Delete
Name: MORRISON, KATHRYN
Address: 1275 MAMARONECK AVE
City-St-Zip: WHITE PLAINS, NY 10605

Title: EVP ( ) Delete
Name: MASSEY, JANE
Address: 1275 MAMARONECK AVE
City-St-Zip: WHITE PLAINS, NY

Title: MD ( ) Delete
Name: GREEN, NANCY
Address: 1275 MAMARONECK AVE
City-St-Zip: WHITE PLAINS, NY 10605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA BELLSEY, ASSISTANT SECRETARY AS 05/23/2006

Electronic Signature of Signing Officer or Director — Date