

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805189

FILED
Mar 23, 2009
Secretary of State

Entity Name: MARCH OF DIMES FOUNDATION INCORPORATED

Current Principal Place of Business:

1275 MAMARONECK AVE.
LEGAL DEPARTMENT
WHITE PLAINS, NY 10605

New Principal Place of Business:

Current Mailing Address:

1275 MAMARONECK AVE.
LEGAL DEPARTMENT
WHITE PLAINS, NY 10605

New Mailing Address:

FEI Number: 13-1846366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: RUSSO, THOMAS A
Address: 1275 MAMARONECK AVE
City-St-Zip: WHITE PLAINS, NY 10605

Title: AT () Delete
Name: MULLIGAN, RICHARD
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: SEC () Delete
Name: EVANS, CAROL
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: VC (X) Change () Addition
Name: EVANS, CAROL
Address: 1275 MAMARONECK AVE
City-St-Zip: WHITE PLAINS, NY 10605

I hereby certify that the information supplied with this filing does not qualify 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

AS

03/23/2009

Electronic Signature of Signing Officer or Director

Date