

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818789

FILED
Mar 11, 2004
Secretary of State

Entity Name: THE NATIONAL ANTI-VIVISECTION SOCIETY

Current Principal Place of Business:

53 W JACKSON BLVD
SUITE 1552
CHICAGO, IL 60604 US

New Principal Place of Business:

Current Mailing Address:

53 W JACKSON BLVD, STE. 1552
CHICAGO, IL 60604 US

New Mailing Address:

FEI Number: 36-2229588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, D. VIRGINIA
2700 COVE CAY DR-30
CLEARWATER, FL 34620

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: SD () Delete
Name: MANN, MICHAEL B
Address: 421 MADISON ST.
City-St-Zip: MAYWOOD, IL 60153

Title: P () Delete
Name: KANDARAS, KEN
Address: 315 S. PLYMOUTH CT
City-St-Zip: CHICAGO, IL 60604

Title: D () Delete
Name: O'DONOVON, PETER
Address: 900 S. PEALE
City-St-Zip: PARK RIDGE, IL

Title: D () Delete
Name: BEATTLE, PATRICK
Address: 601 WEST FIFTH AVENUE, SUITE 700
City-St-Zip: ANCHORAGE, AK 99501

Title: D () Delete
Name: LIGON, MARY ANN
Address: 6506 NORTH CAMPBELL AVENUE
City-St-Zip: CHICAGO, IL 60645

Title: TD () Delete
Name: DANIEL, BENJAMIN
Address: 1053 W COLUMBIA AVE
City-St-Zip: CHICAGO, IL

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 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 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: BENJAMIN DANIEL

TD

03/11/2004

Electronic Signature of Signing Officer or Director

Date