## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#818789** 

FILED Jan 23, 2008 Secretary of State

Entity Name: THE NATIONAL ANTI-VIVISECTION SOCIETY

Current Pi	rincipal Place of Business:	New Principa	l Place of Business:
	KSON BLVD		
SUITE 155 CHICAGO,	:2 , IL 60604 US		
Current M	ailing Address:	New Mailing	Address:
3 W JACK	KSON BLVD,	53 W JACKSO	ON BLVD
SUITE 155		SUITE 1552 CHICAGO, IL	
		umber Not Applicat	
lame and	Address of Current Registered Agent:	Name and Ad	Idress of New Registered Agent:
HUGHES,	D. VIRGINIA		• •
	E CAY DR-30 ATER, FL 34620 US		
	·		
	named entity submits this statement for the purpose of Florida.	of changing its r	egistered office or registered agent, or both
i ino otate			
	RE:		
	RE: Electronic Signature of Registered Agent		Date
SIGNATUF		ADDITIONS/0	Date CHANGES TO OFFICERS AND DIRECTO
SIGNATUF	Electronic Signature of Registered Agent	ADDITIONS/O	
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DFFICERS itle: lame: ddress: itty-St-Zip:	Electronic Signature of Registered Agent  S AND DIRECTORS:  SD ( ) Delete  MANN, MICHAEL B  421 MADISON ST.	Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition
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BIGNATUF	Electronic Signature of Registered Agent  S AND DIRECTORS:  SD () Delete MANN, MICHAEL B 421 MADISON ST. MAYWOOD, IL 60153  P () Delete KANDARAS, KENNETH 315 S. PLYMOUTH CT CHICAGO, IL 60604  D () Delete O'DONOVON, PETER 900 S. PEALE PARK RIDGE, IL  TD () Delete BEATTIE, PATRICK 601 WEST FIFTH AVENUE, SUITE 700 ANCHORAGE, AK 99501	Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip: Andress: Address: City-St-Zip: Andress: Address: A	CHANGES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition  ANDARAS, KENNETH 15 S. PLYMOUTH CT HICAGO, IL 60604  ( ) Change ( ) Addition  O (X) Change ( ) Addition  EATTIE, PATRICK 1700 PROSPECT DRIVE NCHORAGE, AK 99507

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: MARY MARGARET CUNNIFF ED 01/23/2008