


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 827513	
1. Entity Name NATIONAL ORGANIZATION FOR WOMEN, INC.	

Principal Place of Business 733 15TH ST NW SECOND FLOOR WASHINGTON, DC 20005	Mailing Address 733 15TH ST NW SECOND FLOOR WASHINGTON, DC 20005
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2. Principal Place of Business 1100 H Street NW Suite, Apt. #, etc. Third Floor City & State Washington DC Zip 20005	3. Mailing Address 1100 H Street NW Suite, Apt. #, etc. Third Floor City & State Washington DC Zip 20005
Country USA	Country USA

FILED
04 DEC -6 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




11122004 REIN-NP CR2E099 (6/04)

4. FEI Number 23-7094479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IRELAND, PATRICIA 26600 SW 182ND AVE HOMESTEAD, FL 33030	7. Name and Address of New Registered Agent Name HQ Corporate Services, INC. Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue, Suite 200 City Tallahassee FL Zip Code 32301
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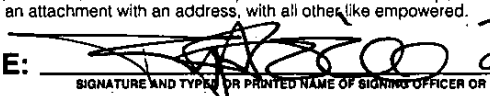
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JAMES C. STOTT, JR.**
PRESIDENT FOR HQ CORPORATESERVICES, INC. 11/24/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANDY, KIM 630 G ST NE WASHINGTON, DC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gandy, Kim 1100 H Street NW, Third Floor Washington DC 20005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, KAREN 7319 WESTMORE DR SPRINGFIELD, VA 22150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Karen Johnson 1100 H Street NW, Third Floor Washington DC 20005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'NEILL, TERRY 2520 WATERSIDE DR #210 FREDERICK, MD 21701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President O'Neill, Terry 1100 H Street NW, Third Floor Washington DC 20005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VIVES, OLGA 220 CENTURY DR #3419 ALEXANDRIA, VA 22304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Vives, Olga 1100 H Street NW, Third Floor Washington DC 20005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **TERRY O'NEILL** 16 November 2004 202-628-8669
Signature and typed or printed name of signing officer or director Date Daytime Phone #