

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 830548**

1. Entity Name  
ELAN VITAL, INC.



Principal Place of Business

1535 GRANT ST.  
SUITE 140  
DENVER, CO 80203

Mailing Address

ELAN VITAL, INC  
P.O. BOX 2220  
AGOURA HILLS, CA 91376



03292007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

23-7174539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
TRINE, ROBERT  
2899 AGOURA ROAD, TMB 219  
WESTLAKE VILLAGE, CA 91361

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.T  
HENDERLING, RUSS  
11202 PACIFIC VIEW ROAD  
MALIBU, CA 90265

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TRINE, ROBERT  
2899 AGOURA ROAD, TMB 219  
WESTLAKE VILLAGE, CA 91361

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KOWARSKY, STEPHEN R  
6 PEMBURY COURT  
MELVILLE, NY 11747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LEITNER, MARCIA  
555 KINGS ROAD  
ALAMEDA, CA 94501

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROGAN, BARBARA  
135 MURCOTT CIRCLE  
ORANGE VILLAGE, OH 44022

000000688299  
04/10/07-80074-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*R. Pendergast*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/30/07*  
Date

*818-889-1193*  
Daytime Phone #