

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830548

FILED
Jan 08, 2009
Secretary of State

Entity Name: ELAN VITAL, INC.

Current Principal Place of Business:

1535 GRANT ST.
SUITE 140
DENVER, CO 80203

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-7174539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: P () Delete
Name: HENDERLING, RUSSELL
Address: 11202 PACIFIC VIEW DRIVE
City-St-Zip: MALIBU, CA 90265

Title: S () Delete
Name: LEITNER, MARCIA
Address: 555 KINGS ROAD
City-St-Zip: ALAMEDA, CA 94501

Title: T () Delete
Name: TRINE, ROBERT
Address: 10827 PACIFIC VIEW ROAD
City-St-Zip: MALIBU, CA 90265

Title: D () Delete
Name: KOWARSKY, STEPHEN R
Address: 6 PEMBURY COURT
City-St-Zip: MELVILLE, NY 11747

Title: D () Delete
Name: BROGAN, BARBARA
Address: 1894 EPPING ROAD
City-St-Zip: GATES MILL, OH 44040

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:

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: ZELDA SHAFFER

ADMN

01/08/2009

Electronic Signature of Signing Officer or Director

Date