

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90075 028 ****61.25

DOCUMENT # 845293

1. Entity Name
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.



Principal Place of Business Mailing Address
810 SEVENTH AVENUE NEW YORK NY 10019 **810 SEVENTH AVENUE NEW YORK NY 10019**

2. Principal Place of Business **434 W. 33rd St.**
Suite, Apt. #, etc.
3. Mailing Address **same as # 2**
Suite, Apt. #, etc.

City & State **N.Y. N.Y.** City & State
Zip **10001** Country **USA** Zip Country
4. FEI Number **13-1644147** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NO	<input type="checkbox"/> Delete
NAME	ALFREDO, VIGIL M.D.	
STREET ADDRESS	870 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PUGH, J. TYLER	
STREET ADDRESS	810 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLISON, SHARON W	
STREET ADDRESS	810 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SHALLENBERGER, MARY	
STREET ADDRESS	810 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	S	<input type="checkbox"/> Delete
NAME	FUERI, BOBBIE	
STREET ADDRESS	810 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	MORELAND, LARRY	
STREET ADDRESS	810 SEVENTH AVE	
CITY-ST-ZIP	NEW YORK NY 10019	

TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	434 W. 33rd St	
CITY-ST-ZIP	10001	
TITLE	VC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucy J. Karl	
STREET ADDRESS	434 W. 33rd St.	
CITY-ST-ZIP	NY NY 10001	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James D. Yound	
STREET ADDRESS	434 W. 33rd St	
CITY-ST-ZIP	NY NY 10001	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaDon Love	
STREET ADDRESS	434 W. 33rd St	
CITY-ST-ZIP	NY NY 10001	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	434 W. 33rd St	
CITY-ST-ZIP	10001	
TITLE	Controller / Asst. Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Igor Goldenberg	
STREET ADDRESS	434 W. 33rd St	
CITY-ST-ZIP	10001	

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: *Igor Goldenberg* **IGOR GOLDENBERG** 3-10-03 212-2614301

CR2E037 (10/02)