

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852718

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: NATIONAL PSORIASIS FOUNDATION, INC.

## Current Principal Place of Business:

6600 SW 92 AVE  
S300  
PORTLAND, OR 97223 US

## Current Mailing Address:

6600 SW 92 AVE  
S300  
PORTLAND, OR 97223 US

## New Principal Place of Business:

6600 SW 92 AVE  
STE 300  
PORTLAND, OR 97223 US

## New Mailing Address:

6600 SW 92 AVE  
STE 300  
PORTLAND, OR 97223 US

FEI Number: 93-0571472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: CD ( ) Delete  
Name: WHITE, DALE  
Address: 20121 FISHER AVE  
City-St-Zip: POOLESVILLE, MD 20837

Title: SD ( ) Delete  
Name: ISENBERG, BENJAMIN  
Address: 17503 CHERRY CT.  
City-St-Zip: LAKE OSWEGO, OR 97034

Title: TD ( ) Delete  
Name: GRILLI, DONALD  
Address: 250 FOREST AVE.  
City-St-Zip: COHASSET, MA 02025

Title: PD ( ) Delete  
Name: FIELD, PAM  
Address: 6600 SW 92 AVE S300  
City-St-Zip: PORTLAND, OR 972237195

Title: VD ( ) Delete  
Name: SEIDEN, RICHARD  
Address: 2029 CENTURY PARK EAST, 35TH FL  
City-St-Zip: LOS ANGELES, CA 90067

## 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: PD (X) Change ( ) Addition  
Name: BERANEK, RANDY  
Address: 6600 SW 92 AVE S300  
City-St-Zip: PORTLAND, OR 972237195

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: RANDY BERANEK

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date