

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852718

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** NATIONAL PSORIASIS FOUNDATION, INC.

**Current Principal Place of Business:**

6600 SW 92 AVE  
STE 300  
PORTLAND, OR 97223 US

**New Principal Place of Business:**

**Current Mailing Address:**

6600 SW 92 AVE  
STE 300  
PORTLAND, OR 97223 US

**New Mailing Address:**

**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: SD  
Name: ISENBERG, BENJAMIN  
Address: 17503 CHERRY CT.  
City-St-Zip: LAKE OSWEGO, OR 97034

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

Title: PD  
Name: BERANEK, RANDY  
Address: 6600 SW 92 AVE S300  
City-St-Zip: PORTLAND, OR 972237195

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

I hereby 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 all other like empowered.

SIGNATURE: RANDY BERANEK

PD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date