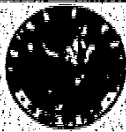


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:40

**DOCUMENT # 853259 (0)**  
1. Corporation Name  
**NATIONAL RETINITIS PIGMENTOSA FOUNDATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1401 MT. ROYAL AVE. BALTIMORE MD 21217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/28/1982</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>23-7135845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$6.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**N. R. P. F. CENTRAL FLORIDA AFFILIATE  
710 MIAMI SPRINGS DR.  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUND, GORDON	1.2 NAME	
STREET ADDRESS	NASSAU ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	1.4 CITY-ST-ZIP	08542
TITLE	VCD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINKELSTEIN, HARRIET	2.2 NAME	
STREET ADDRESS	3605 PHILIPS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	2.4 CITY-ST-ZIP	21208
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, DANIEL	3.2 NAME	
STREET ADDRESS	272 THE QUADRANGLE	3.3 STREET ADDRESS	THE QUADRANGLE, SUITE 264 SOUTH
CITY-ST-ZIP	BALTIMORE, MD 00000	3.4 CITY-ST-ZIP	21210
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLLOB, EDWARD	4.2 NAME	
STREET ADDRESS	60 PENNSYLVANIA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEARNY, NJ.	4.4 CITY-ST-ZIP	07032
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSHNER, SALLIE W.	5.2 NAME	
STREET ADDRESS	1307 IDYLWOOD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 00000	5.4 CITY-ST-ZIP	21208
TITLE	VD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENMERTZ, IRA, M	6.2 NAME	S/D LEA, HAYNES P.
STREET ADDRESS	69 W WASHINGTON ST	6.3 STREET ADDRESS	101 NORTH TRYON ST.
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	CHARLOTTE, NC 28246

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel Freedman* Daniel Freedman 4/17/95 (410) 225-9400 X139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #