

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 03 1996 8:00 am**  
Secretary of State

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



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

3. Date Incorporated or Qualified: **06/28/1982**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **23-7135845**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 11350 McCormick Road**  
2a. Mailing Address: **26 11350 McCormick Road**  
Suite, Apt. #, etc.: **22 Executive Plaza I, Suite 800**  
27 **Executive Plaza I, Suite 800**  
City & State: **23 Hunt Valley, MD**  
28 **Hunt Valley, MD**  
Zip: **24 21031-1014** Country: **25 USA**  
29 **21031-1014** 30 **USA**

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: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUND, GORDON</b>	1.2 NAME	
STREET ADDRESS	<b>NASSAU ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PRINCETON NJ</b>	1.4 CITY-ST-ZIP	<b>08542</b>
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FINKELSTEIN, HARRIET</b>	2.2 NAME	
STREET ADDRESS	<b>3605 PHILIPS DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BALTIMORE MD</b>	2.4 CITY-ST-ZIP	<b>21208</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEDMAN, DANIEL</b>	3.2 NAME	
STREET ADDRESS	<b>THE QUADRANGLE, SUITE 264 SOUTH</b>	3.3 STREET ADDRESS	<b>111 HAMLET HILL ROAD # 1108</b>
CITY-ST-ZIP	<b>BALTIMORE, MD 00000</b>	3.4 CITY-ST-ZIP	<b>BALTIMORE, MD 21210</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLLOB, EDWARD</b>	4.2 NAME	
STREET ADDRESS	<b>60 PENNSYLVANIA AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEARNY, NJ.</b>	4.4 CITY-ST-ZIP	<b>07032</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUSHNER, SALLIE W.</b>	5.2 NAME	<b>T D</b>
STREET ADDRESS	<b>1307 IDYLWOOD RD</b>	5.3 STREET ADDRESS	<b>DEZII, STEVEN</b>
CITY-ST-ZIP	<b>BALTIMORE, MD 00000</b>	5.4 CITY-ST-ZIP	<b>3260 SOUTH INDUSTRIAL ROAD</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEA, HAYNES P</b>	6.2 NAME	
STREET ADDRESS	<b>101 NORTH TRYON ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	6.4 CITY-ST-ZIP	<b>28246</b>

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 119.07(3)(k), 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: Harriet Finkelstein Harriet Finkelstein 3/19/96 (410) 785-1414 Ext.139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)