

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005584

FILED
Jan 06, 2006
Secretary of State

Entity Name: THE FEMALE HEALTH COMPANY

Current Principal Place of Business:

515 NORTH STATE ST., STE 2225
CHICAGO, IL 60610

New Principal Place of Business:

Current Mailing Address:

515 NORTH STATE ST., STE 2225
CHICAGO, IL 60610

New Mailing Address:

FEI Number: 39-1144397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEEPER, MARY A
Address: 515 NORTH STATE ST., STE 2225
City-St-Zip: CHICAGO, IL

Title: V () Delete
Name: WEISSMAN, JACK
Address: 515 NORTH STATE ST., STE 2225
City-St-Zip: CHICAGO, IL

Title: CD () Delete
Name: PARRISH, O B
Address: 515 NORTH STATE ST., STE 2225
City-St-Zip: CHICAGO, IL

Title: S () Delete
Name: GARGIULO JR, WILLIAM R
Address: 4175 TURFWAY TRAIL
City-St-Zip: HARBOR SPRINGS, MI

Title: D () Delete
Name: WENNIGER, DICK
Address: 855 W. DEAN RD.
City-St-Zip: RIVER HILLS, WI

Title: D () Delete
Name: DEARHOLT, STEPHEN M
Address: 759 N. MILWAUKEE STE 316
City-St-Zip: MILWAUKEE, WI

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK WEISSMAN

VP

01/06/2006

Electronic Signature of Signing Officer or Director

Date