

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90123 044 ****61.25

DOCUMENT # F02000002229

1. Entity Name

NATIONAL ABORTION FEDERATION INC.



Principal Place of Business

**1755 MASSACHUSETTS AVENUE, STE. 600
WASHINGTON DC 20036**

Mailing Address

**1755 MASSACHUSETTS AVENUE, STE. 600
WASHINGTON DC 20036**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-1097957**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **PAUL, MAUREEN MD**
CITY-ST-ZIP **1055 COMMONWEALTH AVENUE
BOSTON MA 02215**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VC**
STREET ADDRESS **SMITH, BERNARD MD**
CITY-ST-ZIP **1428 N. FARWELL AVENUE
MILWAUKEE WI 53202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BREITBART, VICKI MSW EDD**
CITY-ST-ZIP **26 BLEEKER STREET
NEW YORK NY 10012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **REIS, MONA**
CITY-ST-ZIP **1501 PRESIDENTIAL WAS, STE. 19
WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PCEO**
STREET ADDRESS **SAPORTA, VICKI**
CITY-ST-ZIP **1755 MASSACHUSETTS AVE., NW, SUITE 600
WASHINGTON DC 20036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DD**
STREET ADDRESS **DUDLEY, SUSAN**
CITY-ST-ZIP **1755 MASSACHUSETTS AVE., NW, SUITE 600
WASHINGTON DC 20036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUSAN DUDLEY

3/25/03 202/667-5881

CR2E037 (10/02)