

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90500 013 ****70.00

DOCUMENT # F02000003373

1. Entity Name

LUPUS FOUNDATION OF AMERICA, INC.



Principal Place of Business

**1300 PICCARD DR., STE. 200
ROCKVILLE MD 20850**

Mailing Address

**1300 PICCARD DR., STE. 200
ROCKVILLE MD 20850**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-1131436**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME	COB BRIGHT, J. REEVE	<input type="checkbox"/> Delete
STREET ADDRESS	135 SE FIFTH AVE., STE. 200	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE NAME	PCEO RAYMOND, SANDRA CLAIRE	<input type="checkbox"/> Delete
STREET ADDRESS	1300 PICCARD DR., STE. 200	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE NAME	FVP SMITH, CHRISTINE	<input type="checkbox"/> Delete
STREET ADDRESS	13111 N.W. FREEWAY, STE. 500	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE NAME	VP PETERS, DUANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1300 PICCARD DR., STE. 200	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE NAME	VP BUTLER, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6 GRAYBRIDGE LANE	
CITY-ST-ZIP	ST LOUIS MO 63124	
TITLE NAME	VP ENGLE, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	6455 NANCY RIDGE DR.	
CITY-ST-ZIP	SAN DIEGO CA 92121	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Secretary Suzanne Tierney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10395 Barr Road	
CITY-ST-ZIP	Brecksville, OH 44141	
TITLE NAME	Treasurer Conrad Gehrmann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4525 - 51st. Ave. South	
CITY-ST-ZIP	Seattle, WA 98118	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Sandra Claire Raymond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03 301-670-9292

CR2E037 (10/02)