

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90514 006 ****61.25

DOCUMENT # F02000006438 1. Entity Name NATIONAL SPEAKING OF WOMEN'S HEALTH FOUNDATION INC.			
Principal Place of Business 1223 CENTRAL PARKWAY CINCINNATI, OH 45214		Mailing Address 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	
2. Principal Place of Business 625 EDEN PARK DRIVE Suite, Apt. #, etc. SUITE # 200 City & State CINCINNATI OHIO Zip 45202		3. Mailing Address 625 EDEN PARK DRIVE Suite, Apt. #, etc. SUITE # 200 City & State CINCINNATI OHIO Zip 45202	
4. FEI Number 31-1576900		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P / TRUSTEE DUNKELMAN, DIANNE 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE PETER HURSH 1458 BIENVENEDA AVENUE PACIFIC PALISADES, CA 90272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLER, LORRENCE T 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE KRISTINE MALKOSKI 621 WEST COVE CREEK COURT BURR RIDGE, IL 60521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / TRUSTEE KUPRIONIS, DENISE 312 WALNUT ST. CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE RICHARD ERICKSON 2500 PNC CENTER, 201 E. 5TH STREET CINCINNATI, OH 45202-4182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T / TRUSTEE WEST, DIANE 8280 MONTGOMERY RD., STE. 305 CINCINNATI, OH 45236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE PATRICIA SMITSON 310 WALNUT STREET, #1400 CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUKELMAN, DIANNE 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE PHOEBE PARDO 7460 FAIRDAKS DRIVE CINCINNATI, OH 45237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLAR, LORRENCE T 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DIANNE DUNKELMAN PRESIDENT & CEO 4-19-04 513-419-5444 Date Daytime Phone #	