2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

05-05-2008 90263 047 ****61.25

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Entity Name

NATIONAL SPEAKING OF WOMEN'S HEALTH FOUNDATION INC.



40097704 Principal Place of Business Mailing Address 625 EDEN PARK DR. 625 EDEN PARK DR. STE. 200 STE. 200 CINCINNATI, OH 45202 CINCINNATI, OH 45202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012008 Chg-NP CR2E037 (12/06) Applied For City & State FEI Number 31-1576900 City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- -6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. STR TITLE Change Addition TITLE Delete KUPRIONIS, DENISE PARDO, PHOEBE NAME NAME 312 WALNUT STREET STREET ADDRESS STREET ADDRESS 7460 FAIR OAKS DRIVE CITY-ST-ZIP CINCINNATI, OH 45202 CITY-ST-ZIP CINCINNATION 45237 ☐ Change 🙎 Addition TITLE ☐ Delete TITLE DALM, DAVID 625 EDEN PARK DRIVE, SUITE 200 SMITSON, PATRICIA NAME NAME STREET ADDRESS 310 WALNUT STREET #1400 STREET ADDRESS CINCINNATI, OH 45202 CITY-ST-7IP CITY_ST-7iP INCINN ATI, OH Change ☐ Addition TITLE Delete TITLE DUNKELMAN, DIANNE NAME NAME 625 EDEN PARK DRIVE, SUITE 200 STREET ADDRESS STREET ADDRESS CINCINNATI, OH 45202 CITY - ST-ZIP CITY-ST-7IP TITLE TTR ☐ Defete TITLE Change Addition WEST, DIANE NAME NAME 8280 MONTGOMERY RD., STE. 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45236 City-ST-ZIP ☐ Delete Change ☐ Addition TITLE TR MALKOSKI, KRISTINE NAME NAME STREET ADDRESS 10 SOUTH WALKER DRIVE STE 3450 STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP TITLE TR ☐ Delete TITLE ☐ Change ☐ Addition ERICKSON, RICHARD NAME NAME 2500 PNC CENTER, 201 E 5TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 452024182 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

5-1-2008 513-419-6570

Daytime Phone #