

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006438

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** NATIONAL SPEAKING OF WOMEN'S HEALTH FOUNDATION INC.

**Current Principal Place of Business:**

625 EDEN PARK DR.  
STE. 200  
CINCINNATI, OH 45202

**New Principal Place of Business:**

**Current Mailing Address:**

625 EDEN PARK DR.  
STE. 200  
CINCINNATI, OH 45202

**New Mailing Address:**

**FEI Number:** 31-1576900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: TR ( ) Delete  
Name: SMITSON, PATRICIA  
Address: 310 WALNUT STREET #1400  
City-St-Zip: CINCINNATI, OH 45202

Title: CTR ( ) Delete  
Name: DUNKELMAN, DIANNE  
Address: 625 EDEN PARK DRIVE, SUITE 200  
City-St-Zip: CINCINNATI, OH 45202

Title: TTR ( ) Delete  
Name: WEST, DIANE  
Address: 8280 MONTGOMERY RD., STE. 305  
City-St-Zip: CINCINNATI, OH 45236

Title: TR ( ) Delete  
Name: MALKOSKI, KRISTINE  
Address: 10 SOUTH WALKER DRIVE STE 3450  
City-St-Zip: CHICAGO, IL 60606

Title: TR ( ) Delete  
Name: ERICKSON, RICHARD  
Address: 2500 PNC CENTER, 201 E 5TH ST.  
City-St-Zip: CINCINNATI, OH 452024182

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TTR (X) Change ( ) Addition  
Name: WEST, DIANE  
Address: 4755 LAKE FOREST DRIVE SUITE 100  
City-St-Zip: CINCINNATI, OH 45242

Title: TR (X) Change ( ) Addition  
Name: MALKOSKI, KRISTINE  
Address: 6210 COVE CREEK COURT  
City-St-Zip: BURR RIDGE, IL 60527

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

Title: TR ( ) Change (X) Addition  
Name: PARDO, PHOEBE  
Address: 7460 FAIR OAKS DRIVE  
City-St-Zip: CINCINNATI, OH 45237

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE DUNKELMAN

CEO

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date