2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006
Secretary of State

DOCUMENT# F03000004129

Entity Name: THE NORTH AMERICAN MENOPAUSE SOCIETY, INC.

Current Principal Place of Business:

5900 LANDERBROOK DRIVE, SUITE 195
MAYFIELD HEIGHTS, OH 44124

New Principal Place of Business:

Current Mailing Address:

423 W 8TH STREET SUITE 400
KANSAS CITY, MO 64105

New Mailing Address:

FEI Number: 34-1604749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	S	( ) Delete
Name:	ROTHERT, MARILYN L	
Address:	A219 LIFE SCIENCE BLDG	
City-St-Zip:	EAST LANSING, MI 48824	
Title:	P	( ) Delete
Name:	KESSEL, BRUCE MD	
Address:	1301 PUNCHBOWL STREET	
City-St-Zip:	HONOLULU, HI 96813	
Title:	T	( ) Delete
Name:	GALLAGHER, J. CHRIS MD	
Address:	601 N. 30TH STREET, SUITE 6712	
City-St-Zip:	OMAHA, NE 68131	
Title:	T	( ) Delete
Name:	SIMON, JAMES A	
Address:	1850 M STREET NE SUITE 450	
City-St-Zip:	WASHINGTON, DC 20036	
Title:	PE	( ) Delete
Name:	GORODESKI, GEORGE I	
Address:	11100 EUCLID AVE	
City-St-Zip:	CLEVELAND, OH 44106	
Title:	TRES	( ) Delete
Name:	RICHARDSON, MARIE	
Address:	185 DARTMOUTH STREET	
City-St-Zip:	BOSTON, MA 02116	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JILL ROSITO PARA 05/16/2006

Electronic Signature of Signing Officer or Director — Date