

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000003263

FILED  
Feb 01, 2006  
Secretary of State

Entity Name: VOLUNTEERS OF AMERICA, INC.

## Current Principal Place of Business:

1660 DUKE STREET  
ALEXANDRIA, VA 22314

## New Principal Place of Business:

## Current Mailing Address:

1660 DUKE STREET  
ALEXANDRIA, VA 22314

## New Mailing Address:

FEI Number: 13-1692595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
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: BRIAN COURTNEY

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: HESSELBEIN, FRANCES  
Address: 320 PARK AVENUE, 3RD FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: VC ( ) Delete  
Name: NOBLE, RUBY E  
Address: 213 HARDING STREET  
City-St-Zip: JEFFERSON, LA 70121

Title: D ( ) Delete  
Name: ALLEN, BRIAN  
Address: P.O. BOX 711759  
City-St-Zip: SALT LAKE CITY, UT 84171

Title: D ( ) Delete  
Name: CHARLOTTE LUNSFORD B, ERRY  
Address: 112 OLD MILL CIRCLE  
City-St-Zip: COLUMBIA, SC 29206

Title: P ( ) Delete  
Name: GOULD, CHARLES W  
Address: 1660 DUKE STREET  
City-St-Zip: ALEXANDRIA, VA 22314

Title: S ( ) Delete  
Name: CONLEY, DON  
Address: 16045-38TH AVENUE NORTH  
City-St-Zip: PLYMOUTH, MN 554462556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: NOBLE, RUBY E  
Address: 213 HARDING STREET  
City-St-Zip: JEFFERSON, LA 70121

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

Title: D (X) Change ( ) Addition  
Name: ALEX BRODRICK,  
Address: 21415 CIVIC CENTER DRIVE, STE 100  
City-St-Zip: SOUTHFIELD, MI 48076

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: CHARLES W. GOULD

P

02/01/2006

Electronic Signature of Signing Officer or Director

Date