


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90046 016 ****70.00

DOCUMENT # F06000000475 1. Entity Name INSTITUTE FOR SCIENCE AND HEALTH, INC.					
Principal Place of Business 300 HUNTER AVE STE 110 ST LOUIS, MO 63124			Mailing Address 300 HUNTER AVE STE 110 ST LOUIS, MO 63124		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082008 Chg-NP CR2E037 (12/06)	
4. FEI Number 43-1912103				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 WILLER, ALAN N 2165 IBIS ISLE RD STE 14 PALM BCH, FL 33480			7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD BECAN-MCBRIDE, KATHLEEN ED.D 300 HUNTER AVENUE, SUITE 110 SAINT LOUIS, MO 63124	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINKER, LYNNE 300 HUNTER AVENUE, SUITE 110 SAINT LOUIS, MO 63124	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, PH.D. CATHERINE R 300 HUNTER AVENUE, SUITE 110 ST LOUIS, MO 63124	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JENKINS, PH.D. ROGER 300 HUNTER AVENUE, SUITE 110 ST LOUIS, MO 63124	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETTERER, ROBERT K 300 HUNTER AVENUE, SUITE 110 ST LOUIS, MO 63124	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVASZ, DONALD J 300 HUNTER AVENUE, SUITE 110 ST LOUIS, MO 63124	<input checked="" type="checkbox"/> Delete			
12. I hereby 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: <i>Alan N. Willer</i> ALAN N. WILLER			1-8-08 314-446-3454		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



institute for

SCIENCE AND HEALTH

ATTACHMENT

40017161

F06000000475

**Institute for Science and Health
Officer and Board of Directors Roster
Florida Annual Report Filing - 2008**

<u>Name</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C David Scobee 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC Roger A. Jenkins, Ph.D. 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Kathleen Becan-McBride, Ed.D., MT(ASCP) 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Charles E. Wallace, Ph.D. 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lynne Brinker 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Catherine R. Edwards, Ph.D. 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Robert F. Ketterer 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Chuck Neff 300 Hunter Avenue, Suite 110 St. Louis, MO 63124



ATTACHMENT

40017161
F06000000475

TITLE	P/D
NAME	James J. McEnroe, Ph.D., ACHE
STREET ADDRESS	300 Hunter Avenue, Suite 110
CITY - ST - ZIP	St. Louis, MO 63124
TITLE	V/D
NAME	Alan N. Willer, BSEE, MBA
STREET ADDRESS	300 Hunter Avenue, Suite 110
CITY - ST - ZIP	St. Louis, MO 63124
TITLE	V
NAME	Gerald Rupp, Ph.D.
STREET ADDRESS	300 Hunter Avenue, Suite 110
CITY - ST - ZIP	St. Louis, MO 63124