

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000887

1. Entity Name

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION

Principal Place of Business

1156 15TH STREET, NW
WASHINGTON DC 20005

Mailing Address

1156 15TH STREET, NW
WASHINGTON DC 20005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1311 EXECUTIVE CENTER DRIVE
TALLAHASSEE FL 32301

4. FEI Number

13-2630359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MICHELMAN, KATE	1156 15TH ST NW, STE 700	WASHINGTON DC 20005	<input type="checkbox"/>
BCD	WAGLE, MARY JANE	1156 15TH ST, NW STE 700	WASHINGTON DC 20005	<input type="checkbox"/>
TD	HENRY, G. ANGELA	1156 15TH STREET NW, STE 700	WASHINGTON DC 20005	<input type="checkbox"/>
VCD	PATTERSON, SALLY J	1156 15TH ST N W, STE 700	WASHINGTON DC 20005	<input type="checkbox"/>
ATD	RHOME, ROM	1156 15TH ST N W, STE 700	WASHINGTON DC 20005	<input type="checkbox"/>
DS	DELLINGER, ANNE	1156 15TH ST N W, STE 700	WASHINGTON FL 20005	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John M. Botta *John M. Botta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90323 044 ****61.25

80037857



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)