

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90053 026 ****70.00

DOCUMENT # F94000005764

1. Entity Name
GLAUCOMA RESEARCH FOUNDATION, INC.



Principal Place of Business
**490 POST STREET
SUITE 1427
SAN FRANCISCO, CA 94102**

Mailing Address
**490 POST STREET
SUITE 1427
SAN FRANCISCO, CA 94102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
94-2495035

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete
NAME **NEVINS, ROBERT**
STREET ADDRESS **3355 MCGRAW LANE**
CITY-ST-ZIP **LAFAYETTE, CA 94549**

TITLE **VC** ☐ Delete
NAME **HETHERINGTON, JOHN**
STREET ADDRESS **490 POST ST, #608**
CITY-ST-ZIP **SAN FRANCISCO, CA 94102**

TITLE **ED** ☒ Delete
NAME **LOSKILL, RITA**
STREET ADDRESS **490 POST ST., STE 1427**
CITY-ST-ZIP **SAN FRANCISCO, CA 94102**

TITLE **T** ☒ Delete
NAME **BROWN, SARAH W**
STREET ADDRESS **3490 CALIFORNIA ST, #209B**
CITY-ST-ZIP **SAN FRANCISCO, CA 94118**

TITLE **VC** ☐ Delete
NAME **CUNNINGHAM, C S**
STREET ADDRESS **1775 YORK AVE., APT. #11F**
CITY-ST-ZIP **NEW YORK, NY 10128**

TITLE **D** ☒ Delete
NAME **HOSKINS, H. DUNBAR JR.**
STREET ADDRESS **655 BEACH ST**
CITY-ST-ZIP **SAN FRANCISCO, CA 94109**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Change ☒ Addition
NAME **Dennis E. Singleton**
STREET ADDRESS **2180 Sand Hill Rd Ste 100**
CITY-ST-ZIP **Menlo Park, CA 94025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/ CEO** ☐ Change ☒ Addition
NAME **Thomas M. Brunner**
STREET ADDRESS **490 Post St Ste 1427**
CITY-ST-ZIP **San Francisco, CA 94102**

TITLE **T** ☐ Change ☒ Addition
NAME **Deirdre Porter**
STREET ADDRESS **353 Sacramento St Ste 600**
CITY-ST-ZIP **San Francisco, CA 94111**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Andrew G. Iwach, MD**
STREET ADDRESS **490 Post St Ste 608**
CITY-ST-ZIP **San Francisco, CA 94102**

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:

Thomas M. Brunner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Brunner

Date

415-986-3162

Daytime Phone #

Attachment

794000005764

Glaucoma Research Foundation – Board of Directors & Principal Staff

44022919

Chairman

Dennis Singleton

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**Glaucoma Research
Foundation Staff**

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Rita Loskill

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