

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005764

FILED
Apr 04, 2008
Secretary of State

Entity Name: GLAUCOMA RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

251 POST STREET, STE 600
SAN FRANCISCO, CA 94108

New Principal Place of Business:

Current Mailing Address:

251 POST STREET, STE 600
SAN FRANCISCO, CA 94108

New Mailing Address:

FEI Number: 94-2495035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: C () Delete
Name: PORTER, DEIRDRE
Address: 353 SACRAMENTO ST STE 600
City-St-Zip: SAN FRANCISCO, CA 94111

Title: VC () Delete
Name: DWYER, TIMOTHY J
Address: 80 STADLER DR
City-St-Zip: WOODSIDE, CA 94062

Title: PCEO () Delete
Name: BRUNNER, THOMAS M
Address: 251 POST ST STE 600
City-St-Zip: SAN FRANCISCO, CA 94108

Title: S () Delete
Name: BARR, F.T.
Address: 10047 PARK TRAIL DR
City-St-Zip: HOUSTON, TX 77024

Title: T () Delete
Name: IWACH, ANDREW G MD
Address: 55 STEVENSON ST
City-St-Zip: SAN FRANCISCO, CA 94105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: PORTER, DEIRDRE
Address: 301 BATTERY ST STE 400
City-St-Zip: SAN FRANCISCO, CA 94111

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 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: CATALINA SAN AGUSTIN

OPD

04/04/2008

Electronic Signature of Signing Officer or Director

Date