


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002332

1. Corporation Name

PETSMART CHARITIES, INC.

Principal Place of Business

19601 N. 27TH AVENUE
PHOENIX AZ 85027

Mailing Address

19601 N. 27TH AVENUE
PHOENIX AZ 85027

FILED

99 MAY -3 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/09/1996 4. FEI Number 93-1140967 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

NPAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	PRESIDENT
NAME	DORSEY, C D	1.2 NAME	KEN BANKS
STREET ADDRESS	10000 N. 31ST AVE SUITE C100	1.3 STREET ADDRESS	19601 N. 27th Avenue
CITY-ST-ZIP	PHOENIX AZ 85051	1.4 CITY-ST-ZIP	Phoenix, AZ 85027
TITLE	CD	2.1 TITLE	Treasurer
NAME	HOLDEN, WINFIELD L	2.2 NAME	Kenneth A. Conway
STREET ADDRESS	19601 N. 27TH AVENUE	2.3 STREET ADDRESS	19601 N. 27th Avenue
CITY-ST-ZIP	PHOENIX AZ 85027	2.4 CITY-ST-ZIP	Phoenix, AZ 85027
TITLE	P	3.1 TITLE	SECRETARY
NAME	STULBERG, DR. LYNN DVM	3.2 NAME	KAREN MOURAD
STREET ADDRESS	19601 N. 27TH AVENUE	3.3 STREET ADDRESS	19601 N. 27th Avenue
CITY-ST-ZIP	PHOENIX AZ 85027	3.4 CITY-ST-ZIP	Phoenix, AZ 85027
TITLE	D	4.1 TITLE	Director
NAME	SPEAR, DONALD S	4.2 NAME	Sophie Englehard Craighhead
STREET ADDRESS	19601 N. 27TH AVENUE	4.3 STREET ADDRESS	19601 N. 27th Avenue
CITY-ST-ZIP	PHOENIX AZ 85027	4.4 CITY-ST-ZIP	Phoenix, AZ 85027
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Philip L. Francis
STREET ADDRESS		5.3 STREET ADDRESS	19601 N. 27th Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Phoenix, AZ 85027
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/99

(602) 580-6100

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