

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90020 047 ****61.25

DOCUMENT # F97000003054 1. Entity Name THE PLANNED PARENTHOOD FOUNDATION, INC.					
Principal Place of Business 434 W. 33RD ST. NEW YORK, NY 10001			Mailing Address 434 W. 33RD ST. NEW YORK, NY 10001		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3772613	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FELDT, GLORIA 434 W. 33RD ST. NEW YORK, NY 10001 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MINOV, JAMES 434 W. 33RD ST. NEW YORK, NY 10001 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Francine Stein ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GOLDENBERG, IGOR 434 W. 33RD ST. NEW YORK, NY 10001 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FISHER, GORDON D 434 W. 33RD ST. NEW YORK, NY 10001 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Douglas F. Schofield ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALLISON, SHARON 434 W. 33RD ST. NEW YORK, NY 10001 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ellen Chesler, Ph.D. ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANKLIN, STERLING 434 W. 33RD ST. NEW YORK, NY 10001 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Annette Cumming ☐ Change ☐ Addition	
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: <i>John Golducci</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-23-04 Date		212-541-7800 Daytime Phone #