2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F9700003054**

1. Entity Name

THE PLANNED PARENTHOOD FOUNDATION, INC.

	COD WE THE

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90075 029 ****61.25

Principal Plac	e of Business	Mailing Address							
810 7TH AVE.		810-7TH AVE:							
NEW YORK NY	10019	NEW YORK NY 10019							
								1000 1100 1 00	
2. Principal P	Place of Business	3. Mailing Address							
	W. 33rd St.		Sarke as	5#2		 			II)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Пс	HECK HERE	IF MAKING (CHANGES	
City & Stat		City & State			4. FEI Number 13-	3772613		⊢	plied For
	York NY								t Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired		8.75 Add	
1000		D1-1	 		7 Name and Addr	ann of Nam E		ee Require	<u>u</u>
	6. Name and Address of Current	negistered Agent	Name*	~ <u>-</u>	7. Name and Addre	ess of New F	registeren Mi	Jein	
000000	ATION CEDUICE COMPANY		Titaliio						
	ATION SERVICE COMPANY	•	Street A	ddress (F	P.O. Box Number is No	ot Acceptable	∍) `		ŀ
	'S STREET						***		
IALLAMA	SSEE FL 32301								
			City				·FL	Zip Cod	e
• The above	named entity submits this statement fo	r the purpose of changing its	ragistared office o	r ragietara	ad agent or both in th	a State of Flo		miliar with	and accept
	ions of registered agent.	r the purpose of changing its i	egistered office of	registere	ad agent, or both, in the	ie State Oi i ii	Jilda. Tallita	iriilicar vvitiri,	and accept
•	-				*				
SIGNATURE .	****				•				
DIGITATIONE !	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signat	ure required	when reinstating)		DATE		
			·						
	FILE NOW, EFE IS \$64.0E	9. Election Cam	paign Financing		\$5.00 May Be	Ма	ke Check	Payable	to
'	FILE NOW: FEE IS \$61.25	Trust Fund Co	ontribution.		Added to Fees		da Departn		
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indicated on this report or supplied with trils filling 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 suppliemental 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 attackment with an address, with all other like empowered.

SIGNATURE: DEIGENCIER PETERS EGOLDENBREG, MEST. TREASCERCE) 35-03 212-541-1800