

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

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

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

DOCUMENT # F97000003054

1. Entity Name

THE PLANNED PARENTHOOD FOUNDATION, INC.



Principal Place of Business

**810 7TH AVE.
NEW YORK NY 10019**

Mailing Address

**~~810 7TH AVE.~~
NEW YORK NY 10019**

2. Principal Place of Business

434 W. 33rd St.

3. Mailing Address

same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York NY

City & State

Zip

10001

Country

USA

Zip

Country

4. FEI Number **13-3772613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

FILE NOW: FEE IS \$61.25

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 **CEO** ☐ Delete
NAME **FELDT, GLORIA**
STREET ADDRESS **~~810 7TH AVE.~~**
CITY-ST-ZIP **NEW YORK NY ~~10019~~**

TITLE **AS** ☐ Delete
NAME **MINOW, JAMES**
STREET ADDRESS **~~810 7TH AVE.~~**
CITY-ST-ZIP **NEW YORK NY ~~10019~~**

TITLE **AT** ☒ Delete
NAME **MORELAND, LARRY**
STREET ADDRESS **810 7TH AVE.**
CITY-ST-ZIP **NEW YORK NY 10009**

TITLE **C** ☐ Delete
NAME **FISHER, GORDON D**
STREET ADDRESS **~~810 7TH AVE.~~**
CITY-ST-ZIP **NEW YORK NY ~~10019~~**

TITLE **SEC** ☐ Delete
NAME **ALLISON, SHARON**
STREET ADDRESS **~~810 7TH AVE.~~**
CITY-ST-ZIP **NEW YORK NY ~~10019~~**

TITLE **T** ☐ Delete
NAME **FRANKLIN, STERLING**
STREET ADDRESS **~~810 7TH AVE.~~**
CITY-ST-ZIP **NEW YORK NY ~~10019~~**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **434 W. 33rd St.**
CITY-ST-ZIP **NY NY 10001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **434 W. 33rd St.**
CITY-ST-ZIP **NY NY 10001**

TITLE **AT** ☐ Change ☐ Addition
NAME **Igor Goldenberg**
STREET ADDRESS **434 W. 33rd St.**
CITY-ST-ZIP **NY NY 10001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **434 W. 33rd St.**
CITY-ST-ZIP **NY NY 10001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **434 W. 33rd St.**
CITY-ST-ZIP **NY NY 10001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **434 W. 33rd St.**
CITY-ST-ZIP **NY NY 10001**

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: **IGOR GOLDENBERG, ASST. TREASURER** 35-03 212-541-7800

CR2E037 (10/02)