


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90057 004 ****61.25

DOCUMENT # F99000000308 1. Entity Name NATIONAL ADOPTION CENTER, INC.	
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Principal Place of Business 1500 WALNUT ST., STE. 701 PHILADELPHIA, PA 19102	Mailing Address 423 W. 8TH ST #400 KANSAS CITY, MO 64105
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50012938



01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1966667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V FRANK, ALLAN 225 WASHINGTON STREET CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMBRISTER, CLARENCE D 1801 N BROAD STREET ROOM 403 PHILADELPHIA, PA 19122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLAGHER, KATHLEEN P 660 WEST GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PUCCINO, SHIRLEY M 590 NAAMANS ROAD CLAYMONT, DE 19703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDSON, JOSEPH J 1200 ATWATER DRIVE STE 200 MALVERN, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST RIFKIN, MICHAEL L 1205 WESTLAKES DRIVE STE 200 BERWYN, PA 19312

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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: <u>Pamela K. Clark</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/28/05</u> Daytime Phone # <u>215-875-0325</u>