

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000000308**

1. Entity Name

**NATIONAL ADOPTION CENTER, INC.**

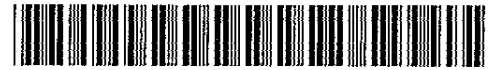


Principal Place of Business

**1500 WALNUT ST., STE. 701  
PHILADELPHIA, PA 19102**

Mailing Address

**423 W. 8TH ST  
#400  
KANSAS CITY, MO 64105**



03212006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**23-1966667**

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 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	2V
NAME	FRANK, ALLAN
STREET ADDRESS	225 WASHINGTON STREET
CITY-ST-ZIP	CONSHOHOCKEN, PA 19428
TITLE	P
NAME	ARMBRISTER, CLARENCE D
STREET ADDRESS	1801 N BROAD STREET ROOM 403
CITY-ST-ZIP	PHILADELPHIA, PA 19122
TITLE	S
NAME	GALLAGHER, KATHLEEN P
STREET ADDRESS	660 WEST GERMANTOWN PIKE
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	1VP
NAME	PUCCINO, SHIRLEY M
STREET ADDRESS	590 NAAMANS ROAD
CITY-ST-ZIP	CLAYMONT, DE 19703
TITLE	T
NAME	RICHARDSON, JOSEPH J
STREET ADDRESS	1200 ATWATER DRIVE STE 200
CITY-ST-ZIP	MALVERN, PA 19355
TITLE	AST
NAME	RIFKIN, MICHAEL L
STREET ADDRESS	1205 WESTLAKES DRIVE STE 200
CITY-ST-ZIP	BERWYN, PA 19312

U000000549831  
05/13/06-80036-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/06

215-735-9988