2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 23, 2007 08:00 A Secretary of State DOCUMENT # F9900000308 NATIONAL ADOPTION CENTER, INC. Principal Place of Business Mailing Address 1500 WALNUT ST., STE. 701 423 W. 8TH ST PHILADELPHIA PA 19102 #400 KANSAS CITY MO 64105 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 23-1966667 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 Make Check Payable to \$5.00 May Be - Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition 2V Delete THE ☐ Change TITLE NAME FRANK, ALLAN NAME U00000677208 03/30/07-80088-014 61.25 STREET ADDRESS 225 WASHINGTON STREET STREET ADDRESS CHY-ST-7IP CITY-S1-ZIP **CONSHOHOCKEN PA 19428** ☐ Addition ☐ Change DHE ☐ Delete TITLE NAME ARMBRISTER, CLARENCE D NAME STREET ADDRESS STREET ADDRESS 1801 N BROAD STREET ROOM 403 CITY - ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19122 Addition TITLE Delete ☐ Change NAMI NAME GALLAGHER, KATHLEEN P STREET ADDRESS STREET ADDRESS 660 WEST GERMANTOWN PIKE CHY-SI-ZIP CITY-ST-ZIP PLYMOUTH MEETING PA 19462 ШE Change ☐ Addition ☐ Delete IIILE 1VP NAME NAME PUCCINO, SHIRLEY M STREET ADDRESS STREET ADDRESS 590 NAAMANS ROAD CITY-ST-ZIP CITY-ST-ZIP **CLAYMONT DE 19703** TITLE ☐ Delete TITLE Change ☐ Addition NAME RICHARDSON, JOSEPH J NAME STREET ADDRESS 1200 ATWATER DRIVE STE 200 STREET ADDRESS CITY-SI-ZIP MALVERN PA 19355 CITY-ST-ZIP THLE Change Addition **AST** ☐ Delete TITLE NAME. NAME RIFKIN, MICHAEL L STRUET ADDRESS 1205 WESTLAKES DRIVE STE 200 STRUET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BERWYN PA 19312** 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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.