## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Aug 22, 2001 08:00 AM F99000003310 DOCUMENT # 1. Entity Name **Secretary of State** INTERSTITIAL CYSTITIS ASSOCIATION OF AMERICA, INC. Principal Place of Business Mailing Address 51 MONROE STREET #1402 51 MONROE STREET #1402 ROCKVILLE ROCKVILLE MD MD 20850 20850 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3292137 Not Applicable Zip 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 SALIN LINDA Street Address (P.O. Box Number is Not Acceptable) 13613 DIAMOND HEAD DR. TAMPA FL33624 US 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. 08/22/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME HEBERT SHELLEY STREET ADDRESS STREET ADDRESS 3714 REDWOOD CR. CITY-ST-ZIP CITY-ST-ZIP PALO ALTO CA 94305 ☐ Delete TITLE TITLE ☐ Change X Addition NAME NAME EVANS ROBERT STREET ADDRESS STREET ADDRESS 301 E WENDOVER AVE., ST. 311 CITY-ST-ZIF CITY-ST-ZIP GREENSBORO NC 27401 TITLE Delete TITLE Change X Addition NAME NAME ENTIN BRUCE STREET ADDRESS STREET ADDRESS 160 SIERRA AZULE CITY-ST-ZIP CITY-ST-ZIP LOS GATOS CA 95032 TITLE Delete TITLE X Change Addition NAME PRESBERG-GREENE SUSAN TAYLOR NANCY NAME STREET ADDRESS 51 MONROE STREET SUITE 1402 STREET ADDRESS 93 SOUTHERN PARKWAY CITY-ST-ZIP ROCHESTER ROCKVILLE MD 20850 CITY-ST-ZIP NY 14618 TITLE ☐ Delete TITLE T X Change ☐ Addition NAME SCHUSTER MARIANNE NAME FAYMAN LANA STREET ADDRESS 5769 HEDGEHAVEN CT. STREET ADDRESS 5033 DEFLANCE WAY CITY-ST-ZIP LAS VEGAS NV 89120 CITY-ST-ZIP SAN DIEGO CA92115 TITLE □ Delete TITLE Change Addition

12. I hereby certify that the information supplied with this 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 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

RATNER

LOS GATOS

17360 HIGH STREET

VICKI

MD

Vicki Ratner

CA 95032

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08/22/2001

CR2E037 (11/00)

TERRY SIDLOW / D 1505 CULPEPPER DR.

NAPERVILLE, IL 60540

PATRICIA LUNDBERG / D 253 JOHNSON AVE.

LOS GATOS, CA 95030

KAREN KENNEDY / D 9405 COMPASS POINT DR., S

SAN DIEGO, CA 92126

KAREN KENNEDY 9405 COMPASS POINT DR., S