

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003310

FILED
Feb 19, 2009
Secretary of State

Entity Name: INTERSTITIAL CYSTITIS ASSOCIATION OF AMERICA, INC.

Current Principal Place of Business:

110 N. WASHINGTON ST.
STE. 340
ROCKVILLE, MD 20850

New Principal Place of Business:

100 PARK AVENUE
STE. 108A
ROCKVILLE, MD 20850

Current Mailing Address:

110 N. WASHINGTON ST.
STE. 340
ROCKVILLE, MD 20850

New Mailing Address:

100 PARK AVENUE
STE. 108A
ROCKVILLE, MD 20850

FEI Number: 13-3292137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALIN, LINDA
20933 SUNSWEET CT.
LAND O LAKES, FL 34637 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GORDON, BARBARA
Address: 110 N. WASHINGTON ST., STE. 340
City-St-Zip: ROCKVILLE, MD 20850

Title: T () Delete
Name: ZARNIKOW, ERIC
Address: 2110 BIRCHWOOD LANE
City-St-Zip: BUFFALO GROVE, IL 60089

Title: D () Delete
Name: PRESBERG-GREENE, SUSAN MD
Address: 93 SOUTHERN PARKWAY
City-St-Zip: ROCHESTER, NY 14618

Title: D () Delete
Name: EVANS, ROBERT
Address: 301 E WENDOVER AVE., ST. 311
City-St-Zip: GREENSBORO, NC 27401

Title: D () Delete
Name: PHYLLIS, GREENBERGER
Address: 1828 L STREET NW - SUITE 625
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: MINNA, SCHRAG
Address: 140 RIVERSIDE DR., APT. 10J
City-St-Zip: NEW YORK, NY 10024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ZARNIKOW, BARBARA
Address: 2110 BIRCHWOOD LANE
City-St-Zip: BUFFALO GROVE, IL 60089

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GORDON

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date