

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90063 040 ****61.25

DOCUMENT # N01000006301 1. Entity Name INTERNATIONAL SOCIETY OF PELVIC NEURO MODULATION, INC.			
Principal Place of Business C/O MATRIX MEETINGS INC PO BOX 1026 ROCHESTER, MN 55903-1026		Mailing Address C/O MATRIX MEETINGS INC PO BOX 1026 ROCHESTER, MN 55903-1026	
2. Principal Place of Business 1111 North Plaza Dr Suite, Apt. #, etc. # 550		3. Mailing Address 1111 North Plaza Dr Suite, Apt. #, etc. # 550	
City & State Schaumburg, IL Zip 60173		City & State Schaumburg, IL Zip 60173	
Country USA		Country USA	
4. FEI Number 41-2019600		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTLING, DALE G SR 331 E UNION ST JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEGEL, STEVEN MD 360 SHERMAN STREET STE 400 SAINT PAUL, MN 55102	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HASSOUNA, MAGDY 399 BATHURST ST. 8TH ST TORONTO, ON, C m5t 258	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETTIT, PAUL 4500 SAN PABLO RD JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPINELLI, MICHEL MD VIA VITTADINI 21 MILANO, I 20136	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR WENDY J. WEISER 1111 N. Plaza Dr, Ste 550 Schaumburg, IL 60173	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR WENDY J. WEISER 1111 North Plaza Dr, Ste 550 Schaumburg, IL 60173	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Wendy J. Weiser</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/14/06</u> <small>Daytime Phone #</small>	

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