# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2009**
**Secretary of State**

DOCUMENT# N95000005043

**Entity Name:** THE ISPE FOUNDATION, INC.

**Current Principal Place of Business:**

3109 W DR MLK JR BLVD
STE 250
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

3109 W DR MLK JR BLVD
STE 250
TAMPA, FL 33607 US

**New Mailing Address:**

**FEI Number: 59-3388853** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEST, ROBERT P
3109 W DR MLK JR BLVD
STE 250
TAMPA, FL 33607 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: CD ( ) Delete
Name: MOELGAARD, GERT
Address: 3151-204 HEMLOCK FOREST CIRCLE
City-St-Zip: RALEIGH, NC 27612

Title: SD ( ) Delete
Name: SMOKE, VICTORIA B
Address: 16825 BLENHEIM DR.
City-St-Zip: LUTZ, FL 33609

Title: PD ( ) Delete
Name: BEST, ROBERT P
Address: 4513 DALE AVE.
City-St-Zip: TAMPA, FL 33609

Title: TD ( ) Delete
Name: WALKER, ANDRE
Address: 7 PHINNEY RD.
City-St-Zip: LEXINGTON, MA 02421

Title: VP ( ) Delete
Name: MAC NEICE, ALAN
Address: 3 BELLCOURT
City-St-Zip: BARRYMORE, KILTOON IRELAND,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition
Name: DAVIS, BRUCE
Address: OPERATIONS, ALDERLEY HOUSE
City-St-Zip: MACCLESFIELD,CHESHIRE, UK SK10 4TF UK

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

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

Title: VP (X) Change ( ) Addition
Name: WALKER, ANDRE
Address: BIOGEN IDEC ALLE 1
City-St-Zip: HILLEROD, DK 3400 DK

Title: TD (X) Change ( ) Addition
Name: PEREZ, RANDY
Address: 1 HEALTH PLAZA
City-St-Zip: EAST HANOVER, NJ 07936

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: VICTORIA B. SMOKE SD 04/07/2009

Electronic Signature of Signing Officer or Director — Date