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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07026** **(8)**

1. Corporation Name
THE NATIONAL OSTEOPOROSIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
1150 17TH ST. N.W. STE. #500 WASHINGTON DC 20036	1150 17TH ST. N.W. STE. #500 WASHINGTON DC 20036-4803

3. Date Incorporated or Qualified: 08/07/1985	3a. Date of Last Report: 05/01/1996
4. FEI Number: 36-3350532	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ROGERS, PAUL G		1.2 NAME		
STREET ADDRESS	5110 YUMA ST. N.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP	Washington, DC 20016	
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LINDSAY, ROBERT		2.2 NAME		
STREET ADDRESS	30 HIGHFIELD RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HARRISON NY		2.4 CITY-ST-ZIP	Harrison, NY 10528	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSTON, C. C		3.2 NAME	Johnston, C. Conrad	
STREET ADDRESS	5002 BUTTONWOOD CRESCENT		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPLIS IN		3.4 CITY-ST-ZIP	Indianapolis, IN 46208	
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BONNER, FRANCIS J		4.2 NAME		
STREET ADDRESS	553 COUNTY LINE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	RADNOR PA		4.4 CITY-ST-ZIP	Radnor, PA 19087	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, WAYNE W		5.2 NAME		
STREET ADDRESS	74 HIGHGATE COURSE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CHARLES IL 60174		5.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RAYMOND, SANDRA C		6.2 NAME		
STREET ADDRESS	2555 PENN. AVE. N.W. #808		6.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20037		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra C. Raymond 4.30.97 (202)223-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #