## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07026

FILED Apr 09, 2007 Secretary of State

Entity Name: THE NATIONAL OSTEOPOROSIS FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1232 22ND STREET NW WASHINGTON, DC 20037 **Current Mailing Address: New Mailing Address:** 1232 22ND STREET NW WASHINGTON, DC 20037 FEI Number: 36-3350532 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MICA, DANIEL A HON Name: Name: 601 PENNSYLVANIA AVE., NW, SUITE 600 Address: Address: City-St-Zip: WASHINGTON, DC 20004 City-St-Zip: Title: Title: ( ) Delete () Change () Addition RECKER, ROBERT R MD Name: Name: Address: 601 N. 30TH STREET, SUITE 5766 Address: City-St-Zip: OMAHA, NE 68131 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TATE, WESLEY D Name: TATE, WESLEY D Name: SMITH BARNEY, ONE LINCOLN CENTER, SUITE 1300 2211 YORK ROAD, SUITE 100 Address: Address: City-St-Zip: OAKBROOK TERRACE, IL 60181 City-St-Zip: OAKBROOK, IL 60523 ( ) Delete Title: Title: () Change () Addition Name: SIRIS, ETHEL S MD Name: 180 FT. WASHINGTON AVE., ROOM 9-964 Address: Address: City-St-Zip: NEW YORK, NY 10032 City-St-Zip: Title: () Delete Title: () Change () Addition EINHORN, THOMAS A MD Name: Name: 720 HARRISON AVENUE #808 Address: Address: City-St-Zip: BOSTON, MA 021182393 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CRANFORD, JUDITH A SCHARGORODSKI, LEO Name: Name: Address: 1232 22ND STREET, NW Address: 1232 22ND STREET, NW WASHINGTON, DC 20037 WASHINGTON, DC 20037 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEO SCHARGORODSKI CEO 04/09/2007