2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P07026

Entity Name: THE NATIONAL OSTEOPOROSIS FOUNDATION, INC.

Current Principal Place of Business:

1232 22ND STREET NW
WASHINGTON, DC 20037

New Principal Place of Business:

Current Mailing Address:

1232 22ND STREET NW
WASHINGTON, DC 20037

New Mailing Address:

FEI Number: 36-3350532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:	C	( ) Delete
Name:	MICA, DANIEL A HON	
Address:	601 PENNSYLVANIA AVE.,NW,SUITE 600	
City-St-Zip:	WASHINGTON, DC 20004	
Title:	VP	( ) Delete
Name:	RECKER, ROBERT R MD	
Address:	601 N. 30TH STREET, SUITE 5766	
City-St-Zip:	OMAHA, NE 68131	
Title:	T	( ) Delete
Name:	TATE, WESLEY D	
Address:	2211 YORK ROAD, SUITE 100	
City-St-Zip:	OAKBROOK, IL 60523	
Title:	P	( ) Delete
Name:	SIRIS, ETHEL S MD	
Address:	180 FT. WASHINGTON AVE., ROOM 9-964	
City-St-Zip:	NEW YORK, NY 10032	
Title:	S	( ) Delete
Name:	EINHORN, THOMAS A MD	
Address:	720 HARRISON AVENUE #808	
City-St-Zip:	BOSTON, MA 021182393	
Title:	CEO	( ) Delete
Name:	SCHARGORODSKI, LEO	
Address:	1232 22ND STREET, NW	
City-St-Zip:	WASHINGTON, DC 20037	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	KUNTZMAN, KATHLEEN S	
Address:	4525 N SACRAMENTO AVENUE	
City-St-Zip:	CHICAGO, IL 60625	
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: LEO SCHARGORODSKI CEO 04/29/2008

Electronic Signature of Signing Officer or Director — Date