2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2011
Secretary of State

DOCUMENT# P07026

Entity Name: THE NATIONAL OSTEOPOROSIS FOUNDATION, INC.

Current Principal Place of Business:

1150 17TH STREET NW
SUITE 850
WASHINGTON, DC 20036

New Principal Place of Business:

Current Mailing Address:

1150 17TH STREET NW
SUITE 850
WASHINGTON, DC 20036

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: MICA, DANIEL A
Address: 7307 BURTONWOOD DRIVE
City-St-Zip: ALEXANDRIA, VA 22314

Title: P
Name: RECKER, ROBERT R MD
Address: 601 N. 30TH STREET, SUITE 5766
City-St-Zip: OMAHA, NE 68131

Title: T
Name: SCHARER, L. SCOTT
Address: 29 COMMONWEALTH AVENUE; SUITE 201
City-St-Zip: BOSTON, MA 02116

Title: S
Name: KUNTZMAN, KATHLEEN S
Address: 4525 N SACRAMENTO AVENUE
City-St-Zip: CHICAGO, IL 60625

Title: CEO
Name: PORTER, AMY
Address: 1150 17TH STREET, NW; SUITE 850
City-St-Zip: WASHINGTON, DC 20036

I hereby 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 all other like empowered.

SIGNATURE: AMY PORTER CEO 03/09/2011
Electronic Signature of Signing Officer or Director Date