


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90439 020 ****61.25

DOCUMENT # P30155 1. Entity Name VIETNAM VETERANS OF AMERICA FOUNDATION, INC.					
Principal Place of Business 1725 EYE STREET FOURTH FLOOR WASHINGTON, DC 20006 US			Mailing Address 1725 EYE STREET FOURTH FLOOR WASHINGTON, DC 20006 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-3030278	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRADDY, KAREN C/O REHAB ENGINEERING 1718 MAHAN DRIVE TALLAHASSEE, FL 32308			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLER, ROBERT O		NAME		
STREET ADDRESS	1725 EYE STREET FOURTH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TERZANO, JOHN F		NAME		
STREET ADDRESS	1725 EYE STREET FOURTH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, CRAIG		NAME		
STREET ADDRESS	143 E. HAITI ROAD		STREET ADDRESS		
CITY-ST-ZIP	BEREA, KY 40403		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	See attached list of Officers and Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FISCHMAN, MICHAEL		NAME		
STREET ADDRESS	1417 WATERLOO STREET		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90026		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	SWIERS, GEORGE		NAME		
STREET ADDRESS	165 WEST CIRCULAR STREET		STREET ADDRESS		
CITY-ST-ZIP	SARATOGA, NY 12866		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	RINCONES, ROXANNE		NAME		
STREET ADDRESS	1725 EYE STREET NW FOURTH FL		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 200062412		CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James M Hemminger</u> CFO 4/23/05 202-483-9222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					