

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P33552

FILED
Oct 09, 2009
Secretary of State

Entity Name: ORPHAN FOUNDATION OF AMERICA INCOPORATED

Current Principal Place of Business:

21351 GENTRY DRIVE
SUITE 130
STERLING, VA 20166

New Principal Place of Business:

Current Mailing Address:

21351 GENTRY DRIVE
SUITE 130
STERLING, VA 20166

New Mailing Address:

FEI Number: 52-1238437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

NATIONAL CORPORATE RESEARCH
515 E PARK AVE
TALLAHASSEE, FL 32301 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: KEVIN MONTAGUE

10/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: JACSON, PHILIP
Address: 9911 MAPLE LEAF DR
City-St-Zip: GAITHERSBURG, MD 20879

Title: O () Delete
Name: MCCAFFREY, EILEEN
Address: 11585 RED LEAF COURT
City-St-Zip: RESTON, VA 20191 US

Title: D () Delete
Name: STRACUZZI, GINA
Address: 7950 ARDEN CT
City-St-Zip: DUNN LORING, VA 22027 US

Title: O () Delete
Name: BERNHARDT, GORDON
Address: 7309 ARLINGTON BLVD
City-St-Zip: FALLS CHURCH, VA 22042

Title: D () Delete
Name: GOSSWEILER, BOB PH.D
Address: USAL HUMB24
City-St-Zip: MOBILE, AL 36688 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: JACKSON, PHILIP
Address: 9911 MAPLE LEAF DR
City-St-Zip: GAITHERSBURG, MD 20879

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:

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: EILEEN MCCAFFREY

O

10/09/2009

Electronic Signature of Signing Officer or Director

Date