

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34023

FILED
Apr 27, 2009
Secretary of State

Entity Name: NATIONAL DRUG & SAFETY LEAGUE, INC.

Current Principal Place of Business:

1747 PENNSYLVANIA AVENUE N W
SUITE 1000
WASHINGTON, DC 20006

New Principal Place of Business:

Current Mailing Address:

1747 PENNSYLVANIA AVENUE N W
SUITE 1000
WASHINGTON, DC 20006

New Mailing Address:

FEI Number: 38-2773800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: D () Delete
Name: DYE, ALAN P
Address: 1747 PENNSYLVANIA AVE,NW
City-St-Zip: WASHINGTON, DC 20006

Title: DTV () Delete
Name: GOCH, DAVID
Address: 1747 PENNSYLVANIA AVE NW
City-St-Zip: WASHINGTON, DC 20006

Title: D () Delete
Name: CRAFT, JAMES M
Address: P.O. BOX 987
City-St-Zip: JACKSON, MI 492040987

Title: AS () Delete
Name: REICHARD, JILL
Address: 4065 PAGE AVENUE
City-St-Zip: MICHIGAN CENTER, MI 49254

Title: PD (X) Delete
Name: KAUFMAN, HARLEY J
Address: 309 WORCESTER RD.
City-St-Zip: NATICK, MA 01760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: VANCE, JAMES M
Address: PO BOX 3029
City-St-Zip: JACKSON, MI 49204-302

Title: PD (X) Change () Addition
Name: KAUFMAN, HARLEY J
Address: 309 WORCESTER ROAD
City-St-Zip: NATICK, MA 01760

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: JILL REICHARD

AS

04/27/2009

Electronic Signature of Signing Officer or Director

Date