

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38120

FILED
Apr 30, 2010
Secretary of State

Entity Name: NATIONAL AIDS FUND, INC.

Current Principal Place of Business:

729 15TH ST, NW
9TH FLOOR
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

729 15TH ST, NW
9TH FLOOR
WASHINGTON, DC 20005

New Mailing Address:

FEI Number: 52-1706646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHACK, RUTH
200 S. BISCAYNE BLVD.
SUITE 2780
MIAMI, FL 331322343 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: P
Name: FERREE, KANDY
Address: 729 15TH STREET, NW - 9TH FLOOR
City-St-Zip: WASHINGTON, DC 20005

Title: S
Name: BARKER, CHRIS
Address: 3462 PACES PLACE, NW
City-St-Zip: ATLANTA, GA 30327

Title: C
Name: CLARK, DENISE
Address: HASBRO, INC. 200 NARRAGANSETT PARK DR
City-St-Zip: EAST PROVIDENCE, RI 02916

Title: VC
Name: KLOOZ, SUSAN
Address: 702 SW 8TH STREET MAIL STOP #0215
City-St-Zip: BENTONVILLE, AR 72716

Title: CFO
Name: WILT, BRYAN R
Address: 729 15TH STREE NW - 9TH FLOOR
City-St-Zip: WASHINGTON, DC 20005

Title: T
Name: GOMEZ, RICHARD H
Address: 159 EAST WALTON PLACE #10FG
City-St-Zip: CHICAGO, IL 60611

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: BRYAN R. WILT

CFO

04/30/2010

Electronic Signature of Signing Officer or Director

Date