

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38120

FILED
May 01, 2012
Secretary of State

Entity Name: NATIONAL AIDS FUND, INC.

Current Principal Place of Business:

1424 K STREET NW
SUITE 200
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

1424 K STREET NW
SUITE 200
WASHINGTON, DC 20005

New Mailing Address:

FEI Number: 52-1706646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: ISHAUG, MARK
Address: 1424 K STREET NW, SUITE 200
City-St-Zip: WASHINGTON, DC 20005

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

Title: VC
Name: MAXWELL, CELIA
Address: 1315 LEEGATE ROAD, NW
City-St-Zip: WASHINGTON, DC 20012

Title: C
Name: KLOOZ, SUSAN
Address: 1719 S. 42ND STREET
City-St-Zip: ROGERS, AR 72758

Title: CFO
Name: WILT, BRYAN R
Address: 1424 K STREET NW, SUITE 200
City-St-Zip: WASHINGTON, DC 20005

Title: T
Name: GOMEZ, RICHARD H
Address: 250 S. WACKER DRIVE, SUITE 11-105C
City-St-Zip: CHICAGO, IL 60606

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

05/01/2012

Electronic Signature of Signing Officer or Director

Date