

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N10000006763

Entity Name: NH-ISAC, INC.

**Current Principal Place of Business:**

401 BOATING CLUB ROAD  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

SPACE LIFE SCIENCES LABORATORY  
505 ODYSSEY WAY  
KENNEDY SPACE CENTER, FL , FL 32953 US

FEI Number: 27-4700010

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

KOBZA, DEBORAH  
401 BOATING CLUB ROAD  
ST. AUGUSTINE, FL 32084 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR/CEO  
Name KOBZA, DEBORAH  
Address NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title DIRECTOR  
Name FINNEY, SHARON  
Address ADVENTIST HEALTH SYSTEM  
City-State-Zip: ORLANDO FL

Title DIRECTOR  
Name ROUTH, JAMES  
Address AETNA, INC.  
City-State-Zip: HARTFORD CT

Title DIRECTOR  
Name CHERNAVSKY, NIKOLAY  
Address AMGEN  
City-State-Zip: THOUSAND OAKS, CA CA

Title DIRECTOR  
Name WAGNER, MICHAEL  
Address JOHNSON AND JOHNSON  
City-State-Zip: NEW BRUNSWICK NJ

Title DIRECTOR  
Name DOGGETT, JAMES  
Address KAISER PERMANENTE  
City-State-Zip: SANTA ROSA CA

Title DIRECTOR  
Name SAPP, JOHN  
Address MCKESSON CORPORATION  
City-State-Zip: CARROLLTON TX

Title DIRECTOR  
Name RICE, TERENCE  
Address MERCK & CO, INC.  
City-State-Zip: WHITEHOUSE STATION NJ

**Continues on page 2**

*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: DEBORAH KOBZA

EXECUTIVE  
DIRECTOR/CEO

09/23/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KIRTLEY, TONY  
Address       MONSANTO COMPANY  
City-State-Zip: ST. LOUIS MO

Title           DIRECTOR  
Name           STEPHAN, REID  
Address       ST. LUKE'S HEALTH SYSTEM  
City-State-Zip: BOISE ID