

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000412

Entity Name: ALLIANCE FOR A HEALTHIER GENERATION, INC.

Current Principal Place of Business:

606 SE NINTH AVENUE
PORTLAND, OR 97214

Current Mailing Address:

606 SE NINTH AVENUE
PORTLAND, OR 97214

FEI Number: 27-2028308

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PSD
Name FAXON, DAVID MD
Address 606 SE NINTH AVENUE
City-State-Zip: PORTLAND OR 97214

Title D
Name LINDSEY, BRUCE R
Address 606 SE NINTH AVENUE
City-State-Zip: PORTLAND OR 97214

Title D
Name BRYANT, WILLIAM J
Address 606 SE NINTH AVENUE
City-State-Zip: PORTLAND OR 97214

Title D
Name CURRAN, SCOTT M
Address 606 SE NINTH AVENUE
City-State-Zip: PORTLAND OR 97214

Title T
Name SATTERWHITE, JULIE
Address 606 SE NINTH AVENUE
City-State-Zip: PORTLAND OR 97214

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: JULIE SATTERWHITE

TREASURER

01/08/2013

Electronic Signature of Signing Officer/Director Detail

Date