2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2016
Secretary of State
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Entity Name: THE NATIONAL OSTEOPOROSIS FOUNDATION, INC.

Current Principal Place of Business:

251 18TH STREET SOUTH
SUITE 630
ARLINGTON, VA 22202

Current Mailing Address:

251 18TH STREET SOUTH
SUITE 630
ARLINGTON, VA 22202 US

FEI Number: 36-3350532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PRESIDENT
Name	GAGEL, MD, ROBERT F
Address	1515 HOLCOMBE BLVD
City-State-Zip:	HOUSTON TX 77030

Title	CEO
Name	PORTER, AMY
Address	1150 17TH STREET, NW; SUITE 850
City-State-Zip:	WASHINGTON DC 20036

Title	CHAIRMAN
Name	BLACK, JUDY A
Address	1350 I STREET NW SUITE 510
City-State-Zip:	WASHINGTON DC 20005

Title	TRUSTEE
Name	GREENSPAN, MD, SUSAN
Address	3471 FIFTH AVENUE SUITE 1110
City-State-Zip:	PITTSBURGH PA 15213

Title	SECRETARY
Name	MILLER, ANN C DR.
Address	91 SYDNEY STREET #505
City-State-Zip:	CAMBRIDGE MA 02139

Title	TRUSTEE
Name	BAUER, MD, DOUGLAS C
Address	185 BERRY STREET W
City-State-Zip:	SAN FRANCISCO CA 94143

Title	TRUSTEE
Name	COSMAN, MD, FELICIA
Address	REGIONAL BONE CENTER ROUTE 9W
City-State-Zip:	WEST HAVERSTRAW NY 10993

Title	TRUSTEE
Name	HULKA, JUDITH
Address	1050 NORTH POINT NO. 1607
City-State-Zip:	SAN FRANCISCO CA 94109

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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: AMY PORTER CEO 02/11/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	INSOGNA, MD, KARL
Address	789 HOWARD AVENUE
City-State-Zip:	NEW HAVEN CT 06519

Title	TRUSTEE
Name	LAPPE, PHD, JOAN M
Address	601 N 30TH STREET SUITE 4820
City-State-Zip:	OMAHA NE 68131

Title	TRUSTEE
Name	LE BOFF, MD, MERYL
Address	221 LONGWOOD AVENUE
City-State-Zip:	BOSTON MA 02115

Title	VP
Name	SAAG, MD, KENNETH
Address	510 20TH STREET SOUTH
City-State-Zip:	BIRMINGHAM AL 35233

Title	TRUSTEE
Name	SIRIS, MD, ETHEL S
Address	180 FT WASHINGTON AVENUE ROOM 9-964
City-State-Zip:	NEW YORK NY 10032

Title	TREASURER
Name	UNDERSTEIN, ROBERT
Address	1861 INTERNATIONAL DRIVE SUITE 400
City-State-Zip:	TYSONS VA 22102

Title	TRUSTEE
Name	MCKINLEY, MARY
Address	147 BETHANY PIKE
City-State-Zip:	WHEELING WV 26003

Title	TRUSTEE
Name	KIM, DAVID L
Address	5803 MADAKET ROAD
City-State-Zip:	BETHESDA MD 20816

Title	TRUSTEE
Name	LAWRENCE, BERDON
Address	55 WAUGH DRIVE SUITE 1210
City-State-Zip:	HOUSTON TX 77007

Title	TRUSTEE
Name	LEWIECKI, MD, MICHAEL
Address	300 OAK STREET NE
City-State-Zip:	ALBUQUERQUE NM 87106

Title	TRUSTEE
Name	SHEEHY, GAIL
Address	39 WEST 67TH AVENUE 302
City-State-Zip:	NEW YORK NY 10023

Title	TRUSTEE
Name	SKOLNIK, HEIDI
Address	19 PRISCILLA LANE
City-State-Zip:	ENGLEWOOD CLIFFS NJ 07632

Title	TRUSTEE
Name	GRUFFERMAN, BARBARA
Address	401 E 84TH STREET 18B
City-State-Zip:	NEW YORK NY 10028