

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001011

FILED  
Aug 15, 2012  
Secretary of State

**Entity Name:** THE HERITAGE FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

214 MASSACHUSETTS AVENUE, NE  
WASHINGTON, DC 20002

**New Principal Place of Business:**

**Current Mailing Address:**

214 MASSACHUSETTS AVENUE, NE  
WASHINGTON, DC 20002

**New Mailing Address:**

FEI Number: 23-7327730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: FEULNER, EDWIN J  
Address: 214 MASSACHUSETTS AVENUE, NE  
City-St-Zip: WASHINGTON, DC 20002

Title: V  
Name: TRULUCK, PHILLIP N  
Address: 214 MASSACHUSETTS AVENUE, NE  
City-St-Zip: WASHINGTON, DC 20002

Title: S  
Name: RENCH, J. FREDERIC  
Address: 214 MASSACHUSETTS AVENUE, NE  
City-St-Zip: WASHINGTON, DC 20002

Title: T  
Name: VON KANNON, JOHN  
Address: 214 MASSACHUSETTS AVENUE, NE  
City-St-Zip: WASHINGTON, DC 20002

Title: C  
Name: SAUNDERS, TOM  
Address: 214 MASSACHUSETTS AVENUE, NE  
City-St-Zip: WASHINGTON, DC 20002

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: GEOFFREY J. LYSAUGHT

MR.

08/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date