2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

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1. Entity Name N A M I INCORPORATED Principal Place of Business Mailing Address 2107 WILSON BLVD., STE. 300 2107 WILSON BLVD., STE, 300 ARLINGTON, VA 22201 ARLINGTON, VA 22201 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 01282008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 43-1201653 City & State City & State Not Applicable Country Zîp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 155 OFFICE PLAZA DR., STE. A TALLAHASSEE, FL 32301 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D ☐ Change **XX**Addition TITLE ☐ Delete TITI F President FRESE, FRED PHD NAME NAME Anand Pandya, MD 1140 Sunset Vale Ave. Los Angeles, CA 90069 STREET ADDRESS STREET ADDRESS 283 HARFORD DR. CITY-ST-ZIP HUDSON, OH CITY-ST-ZIP ☐ Delete TITLE ☐ Change *Addition TITLE Treasurer AMDUR, SHEILA NAME Guyla Daley PO Box 4833 STREET ADDRESS STREET ADDRESS 132 LAWLER RD. CITY-ST-ZIP WEST HARTFORD, CT 06117 CITY-ST-ZIP Hilton Head, SC 29938 Secretary Delete TITLE TITLE ☐ Change Addition VOGEL-SCIBILIA, SUZANNE MD NAME Carol Caruso STREET ADDRESS 219 THIRD ST. STREET ADDRESS 3761 Germantown Pike CITY-ST-ZIP BEAVER, PA 15009 CITY-SI-ZIP Collegeville, PA 19426 🛚 Delete Change ■ Addition TITLE TITLE SANDOVAL, FREDRICK R. NAME NAME **6555 ROBIN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCHITI LAKE, NM 87083 CITY-ST-ZIP ☐ Change CEO ☐ Delete TITLE ☐ Addition TITLE NAME SNYDER, WILLIAM H. NAME 7925 MAYFIELD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELKRIDGE, MD 21075 CITY-ST-ZIP X Delete ☐ Change ☐ Addition TITLE TITLE GREILING, MINDY NAME STREET ADDRESS 2495 MARION ST. STREET ADDRESS ST. PAUL, MN 55113 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 1! if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guyla Daley

703-524-7600