

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:48

DOCUMENT # P39622 (6)

1. Corporation Name

OPERATION SMILE, INC.

Principal Place of Business

717 BOUSH ST.
NORFOLK VA 23510

Mailing Address

717 BOUSH ST.
NORFOLK VA 23510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/02/1992 3a. Date of Last Report 06/15/1994

4. FEI Number 54-1460147 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CATENA, LAURIE
5310 FAYWOOD CT.
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when recertifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME MAGEE, WILLIAM P., JR.
STREET ADDRESS 1029 N. SHORE RD.
CITY-ST-ZIP NORFOLK VA

TITLE CD
NAME JOHNSON, DOUGLAS L
STREET ADDRESS 1080 FIRST COLONIAL RD
CITY-ST-ZIP VIRGINIA BCH VA

TITLE D
NAME CHENG, RICHARD
STREET ADDRESS 5700 CLEVELAND STREET
CITY-ST-ZIP BURNSVILLE MN

TITLE P
NAME PUGH, JOHN S.
STREET ADDRESS 1104 LASKIN RD.
CITY-ST-ZIP VIRGINIA BCH VA

TITLE S
NAME ATKINSON, MARK
STREET ADDRESS 1811-D COLLEY
CITY-ST-ZIP NORFOLK VA

TITLE T
NAME THOMPSON, DOUGLAS
STREET ADDRESS 1080 FIRST COLONIAL RD
CITY-ST-ZIP VIRGINIA BCH VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME REIDY, Frank J
2.3 STREET ADDRESS 515 Wilder Point
2.4 CITY-ST-ZIP Virginia Beach VA 23451

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 596 Lynnhaven Parkway
3.4 CITY-ST-ZIP Virginia Beach VA 23452

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME WREN, William C
4.3 STREET ADDRESS 201 Stevens Court
4.4 CITY-ST-ZIP Burnsville MN 55337

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME VENTNER, David
5.3 STREET ADDRESS 4705 Columbus St #100
5.4 CITY-ST-ZIP Virginia Beach VA 23462-6749

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen S Magee Kathleen S Magee, COO & Co-Founder 2/6/95 (804) 625-0375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature 15mm