

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39622

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: OPERATION SMILE, INC.

**Current Principal Place of Business:**

6435 TIDEWATER DR  
NORFOLK, VA 23509

**New Principal Place of Business:**

**Current Mailing Address:**

6435 TIDEWATER DR  
NORFOLK, VA 23509

**New Mailing Address:**

FEI Number: 54-1460147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRELEAVEN, CARL W  
15208 GULF BLVD #407  
MADEIRA BEACH, FL 33708 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: EC  
Name: MAGEE, JR., WILLIAM P  
Address: 6435 TIDEWATER DRIVE  
City-St-Zip: NORFOLK, VA 23509 US

Title: P  
Name: MAGEE, KATHLEEN S  
Address: 6435 TIDEWATER DRIVE  
City-St-Zip: NORFOLK, VA 23509 US

Title: SRVP  
Name: KRAUS, TERESA  
Address: 6435 TIDEWATER DRIVE  
City-St-Zip: NORFOLK, VA 23509 US

Title: CEO  
Name: UNGER, HOWARD  
Address: 6435 TIDEWATER DRIVE  
City-St-Zip: NORFOLK, VA 23509 US

Title: C  
Name: WILLIAM, FOX  
Address: 6435 TIDEWATER DRIVE  
City-St-Zip: NORFOLK, VA 23509 US

Title: T  
Name: ENCINALES, FELIPE  
Address: 6435 TIDEWATER DRIVE  
City-St-Zip: NORFOLK, VA 23509

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: TERESA KRAUS

SRVP

04/24/2012

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

\_\_\_\_\_  
Date