

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39622

Entity Name: OPERATION SMILE, INC.**Current Principal Place of Business:**3641 FACULTY BLVD
VIRGINIA BEACH, VA 23453**Current Mailing Address:**3641 FACULTY BLVD
VIRGINIA BEACH, VA 23453 US**FEI Number:** 54-1460147**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** CHRISTINA HALLAK

04/22/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name MAGEE, JR., WILLIAM P
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Title TREASURER
Name SITI, JIM
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Title SECRETARY
Name WYNNE, WILLIAM K
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Title DIRECTOR
Name FULLER, SAMUEL
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Title P
Name MAGEE, KATHLEEN S
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Title COO
Name ZINN, ERNEST W
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Title BOARD CHAIRMAN
Name MILLER, KEVIN
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Title DIRECTOR
Name MARSHALL, ALEX
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Continues on page 2

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: KIMBERLY GETZVICE PRESIDENT OF
FINANCE

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOTTA, ALBERTO
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Title VICE PRESIDENT OF FINANCE
Name GETZ, KIMBERLY
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Title DIRECTOR
Name MOYES, JERRY
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453