

2024 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:** No**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

03/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name ANDERSON, CHRISTOPHER
Address 3641 FACULTY BOULEVARD
City-State-Zip: VIRGINIA BEACH VA 23453

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

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

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

Title VC
Name GIOFFRE, DOMINIC M. JR.
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

Title CHAIRMAN
Name BOYD, ROBERT JAMES III
Address 3641 FACULTY BLVD
City-State-Zip: VIRGINIA BEACH VA 23453

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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: KATHLEEN S. MAGEE

PRESIDENT

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | MAGEE, TODD |
| Address | 3641 FACULTY BLVD |
| City-State-Zip: | VIRGINIA BEACH VA 23453 |