

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90206 002 ****61.25

DOCUMENT # P39622

1. Entity Name
OPERATION SMILE, INC.

Principal Place of Business: **6435 TIDEWATER DR NORFOLK VA 23509**
Mailing Address: **6435 TIDEWATER DR NORFOLK VA 23509**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FEI Number **54-1460147** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**BERKOWITZ, MELISSA
3750 YACHT CLUB DR
AVENTURA FL 33180**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MAGEE, WILLIAM P., JR. STREET ADDRESS: 400 WEST BRAMBLETON AVE SUITE 301 CITY-ST-ZIP: NORFOLK VA 23510	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>See complete list of directors and officers attached</i>
TITLE: PCOF NAME: MAGEE, KATHLEEN S STREET ADDRESS: 6435 TIDEWATER DRIVE CITY-ST-ZIP: NORFOLK VA 23509	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPGM NAME: GUIDO, RON STREET ADDRESS: ROUTE 22, PO BOX 151 CITY-ST-ZIP: SOMERVILLE NJ 08876	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: MATTHEWS, MOLLY STREET ADDRESS: 6101 EXECUTIVE BLVD SUITE 300 CITY-ST-ZIP: ROCKVILLE MD 20852	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CHENG, RICHARD STREET ADDRESS: 596 LYNNHAVEN PKWY CITY-ST-ZIP: VIRGINIA BEACH VA	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KANE, THOMAS F SR STREET ADDRESS: 14155 US HWY 1., STE 300 CITY-ST-ZIP: JUNO BEACH FL 33408	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William P. Magee, Jr.* **WILLIAM P. Magee, Jr., DDS, M.D. - CEO**

CR2E037 (10/02)

Operation Smile

Changing Lives One Smile at a Time

Officers

William P. Magee Jr., D.D.S., M.D.

Chief Executive Officer

6435 Tidewater Drive

Norfolk, VA 23509

(757) 321-7645

Naomi Fitzwilliam

Chief Operating Officer

6435 Tidewater Drive

Norfolk, VA 23509

(757) 321-7645

Lisa Jardanhazy

Vice President of Communications and

Public Relations

6435 Tidewater Drive

Norfolk, VA 23509

(757) 321-7645

Dr. Robert Rubin

Chief Medical Officer

6435 Tidewater Drive

Norfolk, VA 23509

(757) 321-7645

Attachment

10052799

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Operation Smile

Changing Lives One Smile at a Time

BOARD OF DIRECTORS

Attachment

10052799

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Richard T. Cheng, Ph.D.
Chairman & Chief Executive Officer
ECI Systems & Engineering
Virginia Beach, Virginia

Craig W. Osterloh
President
OSI Software
Sandy, Utah

David Finn
Chairman & Chief Executive Officer
Ruder-Finn
New York, New York

Ron Guido
Vice President Cardioventions
C/O Ethicon, Inc., a Johnson & Johnson
Company
Somerville, New Jersey

Thomas F. Kane Sr.
Adare Manor Hotel & Golf Resort
Juno Beach, Florida

José Antonio Ríos
President
Global Crossing International
Miami, Florida

**Kathleen S. Magee, B.S.N., M.Ed.,
M.S.W.***
President & Co-founder
Operation Smile, Inc.
Norfolk, Virginia

**Robert C. Russell, M.D., F.R.A.C.S.,
F.A.C.S.**
Heartland Plastic Surgery Center
Springfield, Illinois

William P. Magee Jr., D.D.S., M.D.*
Chief Executive Officer and Co-Founder
Operation Smile, Inc.
Norfolk, Virginia

Joseph L. Yacyshyn
Vice President
Wilmington Trust Company
Wilmington, Delaware

Henry Masur, M.D.
Chief, Critical Care Medical Department
Clinical Center
National Institutes of Health
Bethesda, Maryland

Mariquita Salimbangon-Yeung
President
Mariquita Salimbangon-Yeung Charitable
Foundation, Inc.
Cebu, Philippines

Updated 1/21/03

*Dr. and Mrs. Magee are life members of the Board of Directors