

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212525836

1.) CORPORATION NAME:

THE NATIONAL OSTEOPOROSIS FOUNDATION

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F0500100**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1150 17TH ST, NW
STE 850

CITY/ST/ZIP: WASHINGTON, DC 20036

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ROBERT R RECKER MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	601 N 30TH ST STE 5766		
CITY/ST/ZIP/CO:	OMAHA, NE 68131		

NAME:	ROBERT F GAGEL MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	UNIV OF TEXAS ANDERSON CANCER CTR 1515 HOLCOMBE BLVD		
CITY/ST/ZIP/CO:	HOUSTON, TX 77030		

NAME:	DANIEL A MICA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	7306 BURTONWOOD DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22307		

NAME:	ANN C MILLER MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	91 Sidney Street #505		
CITY/ST/ZIP/CO:	Cambridge, MA 02139		

NAME:	AMY PORTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1150 17TH ST, NW STE 850		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	L. Scott Scharer TREASURER 29 Commonwealth Ave Suite 201 Boston, MA 02116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William Ashton DIRECTOR 21 Harrison Drive Newtown Square, PA 19073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andy Carter DIRECTOR 900 19th Street, NW Suite 200 Washington, DC 20006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Felicia Cosman, MD DIRECTOR Regional Bone Center Route 9W West Haverstraw, NY 10993	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Dell, MD DIRECTOR 9353 E Imperial Highway Downey, CA 90242	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Drobis DIRECTOR 685 Jamestown Lane Naples, FL 34108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Deborah T. Gold, PhD DIRECTOR Duke University Medical Ctr Box 3003 Durham, NC 27710	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan Greenspan, MD DIRECTOR 3471 Fifth Avenue Suite 1110 Pittsburgh, PA 15213	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Judith Hulka DIRECTOR 1050 N Point #1607 San Francisco, CA 94109	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Karl Insogna, MD DIRECTOR Dana Bldg 789 Howard Avenue New Haven, CT 06519	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Franmarie Kennedy TITLE: DIRECTOR ADDRESS: One Dupont Circle Suite 700 CITY/ST/ZIP/CO: Washington, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David L Kim TITLE: DIRECTOR ADDRESS: 601 E Street NW Suite A1-200 CITY/ST/ZIP/CO: Washington, DC 20049	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Joan M Lappe, PhD TITLE: DIRECTOR ADDRESS: 601 N 30th Street Suite 4820 CITY/ST/ZIP/CO: Omaha, NE 68131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: C Berdon Lawrence TITLE: DIRECTOR ADDRESS: 55 Waugh Drive Suite 1210 CITY/ST/ZIP/CO: Houston, TX 77007	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Meryl S LeBoff, MD TITLE: DIRECTOR ADDRESS: 221 Longwood Ave CITY/ST/ZIP/CO: Boston, MA 02115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Barbara Levin TITLE: DIRECTOR ADDRESS: 1017 East Capitol Street SE CITY/ST/ZIP/CO: Washington, DC 20003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: E Michael Lewiecki, MD TITLE: DIRECTOR ADDRESS: 300 Oak Street NE CITY/ST/ZIP/CO: Albuquerque, NM 87106	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Lindsay, MD, PhD TITLE: DIRECTOR ADDRESS: Helen Hayes Hospital Route 9W CITY/ST/ZIP/CO: West Haverstraw, NY 10993	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kenneth Saag, MD TITLE: DIRECTOR ADDRESS: 510 20th Street South CITY/ST/ZIP/CO: Birmingham, AL 35233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Carol Saline TITLE: DIRECTOR ADDRESS: 1901 Walnut Street #21E CITY/ST/ZIP/CO: Philadelphia, PA 19103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Heidi Skolnik DIRECTOR 19 Priscilla Lane Englewood Cliffs, NJ 07632	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Connie Weaver, PhD DIRECTOR 700 West State Street West Lafayette, IN 47907	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ AMY PORTER	AMY PORTER, CEO	7/11/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.