

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214539888

1.) CORPORATION NAME:

THE NORTH AMERICAN MENOPAUSE SOCIETY

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1561044**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5900 LANDERBROOK DRIVE
STE 390

CITY/ST/ZIP: MAYFIELD HEIGHTS, OH 44124

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:	JOANN E MANSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	900 COMMONWEALTH AVE EAST		
CITY/ST/ZIP/CO:	BOSTON, MA 02215		

NAME:	DIANE PACE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	910 MADISON, SUITE 922		
CITY/ST/ZIP/CO:	MEMPHIS, TN 38163		

NAME:	JAN SHIFREN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT ELECT		
ADDRESS:	55 FRUIT STREET, YAW 10A		
CITY/ST/ZIP/CO:	BOSTON, MA 02114		

NAME:	PAULINE M MAKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	912 SOUTH WOOD STREET		
CITY/ST/ZIP/CO:	CHICAGO, IL 60612		

NAME:	MICHELLE P WARREN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	622 W. 168TH ST.		
CITY/ST/ZIP/CO:	PH 16-128 NEW YORK, NY 10032		

NAME:	MARGERY GASS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5900 LANDERBROOK DRIVE		
CITY/ST/ZIP/CO:	SUITE 390 MAYFIELD HEIGHTS, OH 44124		

NAME:	WULF H UTIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5900 LANDERBROOK DRIVE		
CITY/ST/ZIP/CO:	STE 390 MAYFIELD HEIGHTS, OH 44124		

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/ MARGERY GASS	MARGERY GASS, DIRECTOR	8/19/2014
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.