

Robin Carnahan Secretary of State
2010 ANNUAL REGISTRATION REPORT
 NONPROFIT

File Number: 201018990207
N00061259
Date Filed: 07/08/2010
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2010**

N00061259
REPRODUCTIVE HEALTH SERVICES OF PLANNED PARENTHO
PAULA M GIANINO
4251 FOREST PARK AVE
ST LOUIS, MO 63108

ORGANIZED UNDER THE LAWS OF:
Missouri

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
4251 Forest Park Avenue
 STREET
St. Louis, MO **63108**
 CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**
 The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
 The new registered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

<p style="text-align: center;">OFFICERS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. A</p> <p>PRES Polly O'Brien STREET/RT 4251 Forest Park Ave. CITY/STATE/ZIP St. Louis, MO 63108 V-PRES STREET/RT CITY/STATE/ZIP SECY STREET/RT CITY/STATE/ZIP TREAS STREET/RT CITY/STATE/ZIP</p>	<p style="text-align: center;">BOARD OF DIRECTORS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. B</p> <p>NAME Kim Olson STREET/RT 4251 Forest Park Avenue (address for security re CITY/STATE/ZIP St. Louis, MO 63108 NAME Joan Newman STREET/RT 4251 Forest Park Ave. CITY/STATE/ZIP St. Louis, MO 63108 NAME David Goerisch STREET/RT 4251 Forest Park Ave. CITY/STATE/ZIP St. Louis, MO 63108 NAME STREET/RT CITY/STATE/ZIP</p>
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED	

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here Kristina Winkelman (Required)

Please print name and title of signer: Kristina Winkelman / Administrative/HR Assistant
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$10.00 If filed on or before 8/31
 ___ \$15.00 If filed after 8/31

Corporation will be administratively dissolved if report is not filed by November 30.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102