2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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Mar 10, 2004 8:00 am Secretary of State **DOCUMENT #700308** 03-10-2004 90027 047 ****61.25 EASTER SEALS FLORIDA, INC. Principal Place of Business Mailing Address 2010 MIZELL AVE 2010 MIZELL AVE WINTER PARK, FL 32792 WINTER PARK, FL 32792 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 59-0637848 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7:-Name and Address of New Registered Agent =6,-Name and Address of Current Registered Agent Name KERN, JOSEPH G ESQ. Street Address (P.O. Box Number is Not Acceptable) DARDEN RESTAURANTS, INC 5900 LAKE ELLENOR DR ORLANDO, FL 32809 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. The Good of Sanday SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE ☐ Change ☐ Addition JOSEPH G. KERN NAME NAME 5900 LAKE ELLENOR DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32809 CITY-ST-ZIP CITY-ST-7IP TITLE CBD ☐ Delete TITLE ☐ Change ☐ Addition ROCK, JOANNE NAME NAME 502 S WILLOW #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP TITLE ---2VCB-Delete TITLE Philip Storey 37 N. Orange Ave, #200 NAME FIELDS, ZACHARY NAME STREET ADDRESS 3599 UNIVERSITY BLVD S., STE B STREET ADDRESS Orlando, FL 32801 CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP Change TITLE ☐ Defete TITLE ☐ Addition Robert J. Griggs GRIGGS, ROBERT J NAME NAME 2010 MIZELL AVE STREET ADDRESS 1040 WOODCOCK RD SUITE 215 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP Winter Park, PL 32792 Delete ☐ Change Addition TITLE TITLE Mary Beth Roberts NAME BARBER, TIMOTHY NAME 3439 Capri Road 3965 HENDERSON BLVD STREET ADORESS STREET ADDRESS CITY-ST-ZIP Palm Beach Gardens, FL3410 TAMPA, FL 33629 CITY-ST-ZIP - Change - - - Addition TITLE Delete TITLE ... NAME BARKDULL, JAYNE REGESTER NAME . . "1400 CENTREPARK BLVD STE 1000" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH, FL 33401 12. I hereby certify that the information supplied with this filling 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 all other like empowered.

ROBERT J. GRIGGS 2-17-04

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