8/6

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

FILED
Aug 20, 2002 8:00 am
Secretary of State
08-06-2002 90276 003 ****61.25

DOCUMENT # 714422 ✓

1. Entity Name

Jaycees International (JCI) Foundation, Inc.

[redacted]

DO NOT WRITE IN THIS SPACE

41758

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16120 Chesterfield	Same as #2
Suite, Apt. #, etc. 250 Park West, Suite ~~1250~~	Suite, Apt. #, etc. Same as #2
City & State Chesterfield, MO	City & State Same as #2
Zip 63017 Country USA	Zip Same Country Same

4. FEI Number 59-7109724 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Boyce F. Ezell, III

Street Address (P.O. Box Number is Not Acceptable)

2665 South Bayshore Drive, Suite 703

City Miami FL Zip Code 33133

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.

SIGNATURE [signature] BOYCE F. EZELL III 7-23-02

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE D 250 NAME Salvi Battle - President STREET ADDRESS 16120 Chesterfield Park West, Suite ~~1250~~, CITY-ST-ZIP Chesterfield, MO 63017	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D 250 NAME Benny Ellerbe - Secretary STREET ADDRESS 16120 Chesterfield Park West, Suite ~~1250~~, CITY-ST-ZIP Chesterfield, MO 63017	TITLE Secretary General NAME Benny Ellerbe STREET ADDRESS CITY-ST-ZIP
TITLE D 250 NAME Ravi Shankar - Treasurer STREET ADDRESS 16120 Chesterfield Park West, Suite ~~1250~~, CITY-ST-ZIP Chesterfield, MO 63017	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 7-26-02 636-449-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #