2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 AM
Secretary of State

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Entity Name: FLORIDA INSTITUTE OF REHABILITATION EDUCATION FOR PEOPLE WHO ARE VISUALLY IMPAIRED OR BLIND, INCORPORATED

Current Principal Place of Business:

1286 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1286 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2288754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOCH, HAROLD ARTHUR J
1528 REECE PARK LANE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JONES, LYNDA
Address: 1286 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPVD ( ) Delete
Name: DEHMER, JOHN
Address: 1286 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete
Name: SMITH, GREGORY
Address: 1286 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete
Name: BOWDEN, ELIZABETH
Address: 1286 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPVD (X) Change ( ) Addition
Name: MARTINDALE, HAROLD
Address: 1286 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD (X) Change ( ) Addition
Name: MIZELL, BELINDA
Address: 1286 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDA JONES P 01/17/2002

Electronic Signature of Signing Officer or Director — Date