FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2001 8:00 am Secretary of State **DOCUMENT #835263** 1. Entity Name SCHNABEL FOUNDATION COMPANY 4-16-2001 90002 006 \*\*\*150.00 Principal Place of Business Mailing Address 45240 BUSINESS CT. #250 45240 BUSINESS CT. #250 STE 300 STE 300 STERLING VA 20166-703 STERLING VA 20166-703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 53-0245401 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Change ☐ Addition Delete TITLE TITLE ROBINSON, JAMES R NAME NAME 8301 RIVER FALLS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POTOMAC MD ☐ Addition ☐ Delete TITLE ☐ Change TITLE ANDERSON, THOMAS C NAME NAME 1335 CROOKED WILLOW LN STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALATINE IL CITY-ST-ZIP ☐ Addition \_ ☐ Change TITLE TITLE Delete Brandl, ernest d NAME NAME STREET ADDRESS 2388 WOODLAND PARK STREET ADDRESS CITY-ST-ZIP HOUSTON TX CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME CHAPMAN, K RONALD NAME 2249 LOMOND LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WALNUT CREEK CA 94598** TITLE ☐ Delete TITLE □ Change Addition DEATON, HUBERT J III NAME NAME 907 HOLLY BLOSSOM COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREAT FALLS VA 22066** CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE DAVIS. JOHN SIDNEY NAME 4600 KETTERING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROSWELL GA 30075** 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address with all sheet like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date