2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# F06000005930

Entity Name: THE CLARKS COMPANIES FOUNDATION CORPORATION

Current Principal Place of Business:

156 OAK ST.
NEWTON UPPER FALLS, MA 02464

New Principal Place of Business:

Current Mailing Address:

620 S UNION ST
KENNETT SQUARE, PA 19348

New Mailing Address:

FEI Number: 20-4511300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: INFANTINO, ROBERT
Address: 156 OAK ST.
City-St-Zip: NEWTON UPPER FALLS, MA 02464

Title: EVCF ( ) Delete
Name: SALZANO, JAMES
Address: 156 OAK ST.
City-St-Zip: NEWTON UPPER FALLS, MA 02464

Title: VD ( ) Delete
Name: GETTS, DAVID
Address: 156 OAK ST.
City-St-Zip: NEWTON UPPER FALLS, MA 02464

Title: CC ( ) Delete
Name: FEINGURSON, JANE
Address: 126 OAK ST
City-St-Zip: NEWTON UPPER FALLS, MA 02464

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID P GETTS VD 04/21/2008

Electronic Signature of Signing Officer or Director Date