2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# F07000003606

Entity Name: EDEN INSTITUTE FOUNDATION, INC.

Current Principal Place of Business:

ONE EDEN WAY
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

ONE EDEN WAY
PRINCETON, NJ 08540

New Mailing Address:

FEI Number: 22-4215005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA, EDEN
24860 BURNT PINE DRIVE BLDG 6 STE 3
BONITA SPRINGS, FL 34134 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: C ( ) Delete
Name: HUMES, ROBERT E
Address: 7 CONGRESSIONAL COURT
City-St-Zip: SKILLMANN, NJ 08558

Title: VC ( ) Delete
Name: HUNTER, CAROL
Address: 1 DELTA DRIVE
City-St-Zip: OCEAN, NJ 07712

Title: D ( ) Delete
Name: WALKER, THOMAS H
Address: 3 STSTE PARKE COURT
City-St-Zip: GOULDSBORO, PA 18424

Title: P ( ) Delete
Name: MCCOOL, THOMAS P
Address: 78 SCHINDLER CT
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: S ( ) Delete
Name: ANDORS, LEON
Address: 19 RACE
City-St-Zip: ST PITTSTOWN, NJ 08648

Title: T ( ) Delete
Name: LEEUWEN, KENNETH V
Address: 13 DEER PATH
City-St-Zip: GLADSTONE, NJ 07934

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:

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: DR. THOMAS P. MCCOOL P 01/09/2009

Electronic Signature of Signing Officer or Director — Date