2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 AM
Secretary of State

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Entity Name: GOODWILL INDUSTRIES/EASTER SEALS OF THE GULF COAST, INC.

Current Principal Place of Business:

2448 GORDON SMITH DR
MOBILE, AL 36617

New Principal Place of Business:

Current Mailing Address:

2448 GORDON SMITH DR
MOBILE, AL 36617

New Mailing Address:

FEI Number: 63-0363472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARKINS, FRANK
15 E. BRENT LANE
PENSACOLA, FL 32503 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: CD ( ) Delete
Name: DAVIS, E. BURNLEY
Address: P.O. DRAWER G N/A
City-St-Zip: MOBILE, AL

Title: C ( ) Delete
Name: QUACKENBUSH, DOTTIE
Address: P.O. BOX 1508
City-St-Zip: MOBILE, AL 36633

Title: T ( ) Delete
Name: KINTZ, MICHAEL
Address: P.O. BOX 6237
City-St-Zip: MOBILE, AL 36660

Title: S ( ) Delete
Name: LUCE, ROBIN
Address: 1939 DAUPHIN ISLAND PARKWAY
City-St-Zip: MOBILE, AL 36605

Title: P ( ) Delete
Name: HARKINS, FRANK
Address: 2448 GORDON SMITH DR.
City-St-Zip: MOBILE, AL 36617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: QUACKENBUSH, DOTTIE
Address: P.O. BOX 1508
City-St-Zip: MOBILE, AL 36633

Title: C (X) Change ( ) Addition
Name: MCMAKEN, MIKE
Address: P.O. BOX 1311
City-St-Zip: MOBILE, AL 36633

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

Title: S (X) Change ( ) Addition
Name: LADD, ALLEN
Address: P.O. BOX 6989
City-St-Zip: MOBILE, AL 36660

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: FRANK HARKINS P 03/14/2002

Electronic Signature of Signing Officer or Director — Date