

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90377 010 ****61.25

DOCUMENT # F95000001311
1. Entity Name
THE CALEDONIAN FOUNDATION USA, INC.



DO NOT WRITE IN THIS SPACE

40061217

2. Principal Place of Business
POBox 1242
Suite, Apt. #, etc.

3. Mailing Address
POBox 1242
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Edgartown MA

City & State
Edgartown MA

4. FEI Number
51-0190849

Applied For
 Not Applicable

Zip 02539 Country USA

Zip 02539 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MISS Marcia McCabe

Street Address (P.O. Box Number is Not Acceptable)
508 68th St.

City
Holmes Beach FL Zip Code
34217

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres: Robert McWilliam 516 E Day Ave. Whitefish Bay WI 53217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP/Tr Miss Duncan MacDonald POBox 1242 Edgartown MA 02539	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy: Miss Marcia McCabe 508 68th St. Holmes Beach FL 34217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst.Tr: A.Scott Bushey 340 W. Palm Ave. Sarasota FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. John A. Connor - D 700 John Ringling Blvd. Sarasota FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Thos. M. Brownlee - D 200 Cambridge Dr. Winter Park FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: H Duncan MacDonald Duncan MacDonald ExecVP/Tr/D 508-693-3135