


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000005343 1. Entity Name THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL, INC.	
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Principal Place of Business 1560 SHERMAN AVENUE ONE ROTARY CENTER EVANSTON, IL 60201	Mailing Address 1560 SHERMAN AVENUE ONE ROTARY CENTER EVANSTON, IL 60201
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DO NOT WRITE IN THIS SPACE



07212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-3245072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____

Filing Fee is \$61.25
 Duo by September 12, 2008

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

U00000958326
 08/25/08-80004-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE	C
NAME	RATTAKUL, BHICHAJ
STREET ADDRESS	231 MOO BAN PANYA, PATANAKAM 30 RD
CITY-ST-ZIP	SUAN LUANG, BANGKOK, 10250
TITLE	CV
NAME	SCOTT, ROBERT
STREET ADDRESS	239 QUEEN STREET
CITY-ST-ZIP	COBOURG, ON CANADA K9A 1N4.
TITLE	T
NAME	ESTESS, GLENN SR
STREET ADDRESS	3844 NORTH WOODRIDGE RD
CITY-ST-ZIP	BIRMINGHAM, AL 35223
TITLE	T
NAME	JONES, CAROLYN E
STREET ADDRESS	6856 DOUBLETREE COURT
CITY-ST-ZIP	ANCHORAGE, AK 99507
TITLE	T
NAME	PICONI, LOUIS
STREET ADDRESS	PO BOX 112577 2249 GLENDALE DR
CITY-ST-ZIP	PITTSBURGH, PA 15241
TITLE	ST
NAME	FUTA, EDWIN
STREET ADDRESS	1560 SHERMAN AVENUE
CITY-ST-ZIP	EVANSTON, IL 60201

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin Futa  Date 18 Aug 08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR