2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am § Secretary of State DOCUMENT # N0000000988 1. Entity Name THE NATIONAL SPECIAL NEEDS NETWORK FOUNDATION, I 04-17-2001 90125 036 ****61.25 Principal Place of Business Mailing Address 8041 WEST MCNAB RD. 8041 WEST MCNAB RD. 742700 TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0981102 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MINDE, JEFFREY ESQ. 8041 WEST MCNAB RD. TAMARAC FL 33321 Zip Code City 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE NAME MINDE, JEFFREY H ESQ. NAME STREET ADDRESS STREET ADDRESS 8041 WEST MCNAB RD. CITY-ST-ZIP CITY-ST-7IP TAMARAC FL 33321 ☐ Addition ☐ Change TITLE TITLE ☐ Delete COHN, L. JERRY ESQ. NAME NAME STREET ADDRESS STREET ADDRESS 8041 WEST MCNAB RD. CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Change ■ Addition D ☐ Delete TITLE TUCKER, KENNETH S NAME STREET ADDRESS 6100 GLADES RD., STE. 302 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Addition Delete TITLE Change MALLOY, THOMAS J NAME STREET ADDRESS STREET ADDRESS 409 E. 64TH STREET,#4E

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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NEW YORK NY 10021

THE THEY CH. Minde, Esq.

Delete

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4/13/01

954-721-1020

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Daytime Phone #