2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010823

Apr 07, 2009 Secretary of State

Entity Name: TIBOR AND SHEILA HOLLO CHARITABLE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 100 S. BISCAYNE BLVD STE 900 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 100 S. BISCAYNE BLVD STE 900 MIAMI, FL 33131 FEI Number: 26-3805116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC. HOLLO, JEROME 515 EAST PARK AVE 100 S BISCAYNE BLVD TALLAHASSEE, FL 32301 STE 900 US MIAMI, FL 33131 US 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: JEROME HOLLO 04/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition HOLLO, TIBOR Name: Name: Address: Address: 100 S BISCAYNE BLVD STE 900 City-St-Zip: City-St-Zip: MIAMI, FL 33131 US Title: Title: MGRM () Change (X) Addition () Delete Name: Name: HOLLO, SHEILA Address: Address: 100 S BISCAYNE BLVD STE 900 City-St-Zip: City-St-Zip: MIAMI, FL 33131 US Title: () Delete Title: MGR () Change (X) Addition HOLLO, WAYNE Name: Name: 100 S BISCAYNE BLVD STE 900 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131 US Title: () Delete Title: MGR () Change (X) Addition Name: Name: HOLLO, JEROME 100 S BISCAYNE BLVD ST 900 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131 US

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: JEROME HOLLO **MGR** 04/07/2009