2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N12196

Entity Name: THE GILBERT O. BASCHAB FOUNDATION, INC.

FILED Apr 10, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 4100 BARNETT PLZ
 100 S. ASHLEY DRIVE

 101 E. KENNEDY BLVD.
 SUITE 1500

 TAMPA, FL 33602
 TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

 4100 BARNETT PLZ
 100 S. ASHLEY DRIVE

 101 E. KENNEDY BLVD.
 SUITE 1500

 TAMPA, FL 33602
 TAMPA, FL 33602

FEI Number: 59-2635125 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:

KALISH, WILLIAM
4100 BARNETT PLZ
101 E. KENNEDY BLVD.
TAMPA, FL 33602 US
KALISH, WILLIAM
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 US
TAMPA, FL 33602 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: WILLIAM KALISH 04/10/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 KRAUSS, GERALD C.,
 Name:
 KRAUSS, GERALD C

 Address:
 8668 PARK BOULEVARD
 Address:
 8668 PARK BOULEVARD

City-St-Zip: SEMINOLE, FL City-St-Zip: SEMINOLE, FL

Title: DVS () Delete Title: DVS (X) Change () Addition Name: KALISH, WILLIAM, Name: KALISH, WILLIAM Address: 4100 BARNETT PLAZA Address: 100 S. ASHLEY DRIVE. SUITE 1500

duress. 4100 BARNETT PLAZA Address. 100 S. ASHLET DRIVE, SOITE 1500

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33602

Title: DT () Delete Title: DT (X) Change () Addition Name: KRAUSS, KEVIN G., Name: KRAUSS, KEVIN G

 Name:
 KRAUSS, KEVIN G.,
 Name:
 KRAUSS, KEVIN G

 Address:
 8668 PARK BOULEVARD
 Address:
 8668 PARK BOULEVARD

City-St-Zip: SEMINOLE, FL City-St-Zip: SEMINOLE, FL

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: WILLIAM KALISH DVS 04/10/2002