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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25814 (7)

1. Corporation Name
THE RUTH K. BROAD BIOMEDICAL RESEARCH FOUNDATION, INC.

Principal Place of Business % ELLEN LUKEN 3100 TOWER BLVD. SUITE 700 DURHAM NC 27707 US	Mailing Address C/O ELLEN LUKEN 3100 TOWER BLVD. SUITE 700 DURHAM NC 27707 US
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3. Date Incorporated or Qualified
04/07/1988

4. FEI Number 65-0045051	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**BUSSEL, ANN B.
 420 ROVINO AVENUE
 CORAL GABLES FL 33158**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, KAREN B	1.2 NAME	
STREET ADDRESS	145 CANDLEWOOD ROAD	1.3 STREET ADDRESS	10228 Governor's Drive
CITY-ST-ZIP	ROCKY MOUNT NC	1.4 CITY-ST-ZIP	Chapel Hill, NC 27514
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROAD, MORRIS N.	2.2 NAME	
STREET ADDRESS	3809 ALHAMBRA CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSEL, DEBORAH L.	3.2 NAME	
STREET ADDRESS	3028 AVIATION AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSEL, ANN B.	4.2 NAME	
STREET ADDRESS	420 AVE. ROVINO	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSEL, JOHN M.	5.2 NAME	
STREET ADDRESS	9 ISLAND AVE, APT 2202	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGE, FRED H. P	6.2 NAME	
STREET ADDRESS	P O BOX 85800 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 00	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **1/14/98** (91a)419-3200

CR2E037 (10/97)

**1997-98 BOARD OF DIRECTORS
THE RUTH K. BROAD BIOMEDICAL RESEARCH FOUNDATION, INC.**

Class A Directors

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