

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91411 023 \*\*\*\*61.25

0002000

**DOCUMENT # N26668**

1. Entity Name

**THE BUTLER FOUNDATION, INC.**



Principal Place of Business

**550 PARK AVE.  
10W  
NEW YORK NY 10021**

Mailing Address

**550 PARK AVE.  
10W  
NEW YORK NY 10021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2898825**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMMANUEL, PATRICK G. MR.  
EMMANUEL, SHEPPARD, & CONDON  
30 SOUTH SPRING ST.  
PENSACOLA FL 32596**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	BUTLER, W. JACK	550 PARK AVE., 10W	NEW YORK NY 10021	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BUTLER, PATRICIA FLEMING	550 PARK AVE., 10W	NEW YORK NY 10021	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BUTLER, PETER FLEMING	1 CAROLING TERRACE	LONDON EG SW1-W8JS	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BUTLER, SANDRA	1 CAROLING TERRACE	LONDON EG SW1-W8JS	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *W. Jack Butler*

4/20/2003

CR2E037 (10/02)