

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35304

Entity Name: ATHG FOUNDATION, INC.

FILED
Sep 09, 2004
Secretary of State

Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD
50TH FLR
MIAMI, FL 331312352

New Principal Place of Business:

Current Mailing Address:

200 SOUTH BISCAYNE BLVD
50TH FLR
MIAMI, FL 331312352

New Mailing Address:

FEI Number: 65-0156567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAWYER, EDWARD E
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GAY, DEBORAH HEARST, C/O WHITE & CA S E
Address: 200 SO. BISCAYNE BLVD. 50TH FLR
City-St-Zip: MIAMI, FL

Title: DVP () Delete
Name: GAY, JOHN JR C/O, WHITE & CASE
Address: 200 S. BISCAYNE BLVD. 50TH FLR
City-St-Zip: MIAMI, FL

Title: DS () Delete
Name: HADDEN, DAVID JC,
Address: ONE COMMERCIAL PLAZA
City-St-Zip: HARTFORD, CT

Title: DT () Delete
Name: HARRIS, HENRY U. C/, O WHITE & CASE
Address: 200 SOUTH BISCAYNE BLVD. 50TH FLR
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBORAH H. GAY

P

09/09/2004

Electronic Signature of Signing Officer or Director

_____ Date