

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43237

FILED
Apr 15, 2005
Secretary of State

Entity Name: UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

12443 RESEARCH PKWY
SUITE 302
ORLANDO, FL 328263252 US

New Principal Place of Business:

Current Mailing Address:

12443 RESEARCH PKWY
SUITE 302
ORLANDO, FL 328263252 US

New Mailing Address:

FEI Number: 59-3086453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, SCOTT DR
4000 CENTRAL FLORIDA BLVD
MILLICAN HALL ROOM 360
ORLANDO, FL 328160015 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: DR () Delete
Name: HITT, JOHN C.,
Address: 4000 CENTRAL FLA BLVD
City-St-Zip: ORLANDO, FL 328160002

Title: DR () Delete
Name: SOILEAU, MJ
Address: 4000 CENTRAL FLA BLVD
City-St-Zip: ORLANDO, FL 328260150

Title: DR () Delete
Name: HICKEY, TERRY
Address: 4000 CENTRAL FLA BLVD
City-St-Zip: ORLANDO, FL 328160065

Title: MR () Delete
Name: FAIREY, PHILIP,
Address: 1679 CLEAR LAKE RD
City-St-Zip: COCOA, FL 329225703

Title: MR () Delete
Name: WALLACE, JOE,
Address: 12424 RESEARCH PARKWAY, STE 100
City-St-Zip: ORLANDO, FL

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: DR. () Change (X) Addition
Name: O'NEAL, THOMAS P.,
Address: 12443 RESEARCH PARKWAY, SUITE 302
City-St-Zip: ORLANDO, FL 328263252

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: THOMAS P. O'NEAL

DR.

04/15/2005

Electronic Signature of Signing Officer or Director

Date