2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# N43237

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

Current Principal Place of Business:

12201 RESEARCH PKWY
SUITE 501
ORLANDO, FL 328263246 US

New Principal Place of Business:

Current Mailing Address:

12201 RESEARCH PKWY
SUITE 501
ORLANDO, FL 328263246 US

New Mailing Address:

FEI Number: 59-3086453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:	MR.	( ) Delete
Name:	CHRISTIANSEN, PATRICK T	
Address:	420 S. ORANGE AVENUE, SUITE 1200	
City-St-Zip:	ORLANDO, FL 32801	
Title:	DR	( ) Delete
Name:	SOILEAU, MJ	
Address:	4000 CENTRAL FLA BLVD	
City-St-Zip:	ORLANDO, FL 328260150	
Title:	DR.	( ) Delete
Name:	RINI, DANIEL P	
Address:	582 S. ECON CIRCLE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	MR	( ) Delete
Name:	WALLACE, JOE	
Address:	12424 RESEARCH PARKWAY, STE 100	
City-St-Zip:	ORLANDO, FL	
Title:	DR.	( ) Delete
Name:	O'NEAL, THOMAS P.,	
Address:	12201 RESEARCH PARKWAY, SUITE 501	
City-St-Zip:	ORLANDO, FL 328263246	

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:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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. 04/16/2008

Electronic Signature of Signing Officer or Director — Date