

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2004  
Secretary of State**

DOCUMENT# N95000005463

Entity Name: THE SCHMIER FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

17879 LAKE ESTATES DRIVE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

17879 LAKE ESTATES DRIVE  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 65-0710450      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASARCH, STEVEN J  
1900 NW CORPORATE BLVD  
SUITE 400 EAST  
BOCA RATON, FL 33431 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: D      ( ) Delete  
Name: SCHMIER, ALBERT  
Address: 17879 LAKE ESTATES DR.  
City-St-Zip: BOCA RATON, FL 33496

Title: D      ( ) Delete  
Name: SCHMIER, MARCIA L  
Address: 17879 LAKE ESTATES DR.  
City-St-Zip: BOCA RATON, FL 33496

Title: D      ( ) Delete  
Name: SCHMIER, JILL L  
Address: 12 WEST 72ND ST  
City-St-Zip: NEW YORK, NY 10023

**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:

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: ALBERT SCHMIER

D

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date