FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 23, 2001 8:00 am DOCUMENT # N9600005219 Secretary of State 1. Entity Name 03-23-2001 90027 024 ****61.25 SUSAN HITZLER SCHELL FOUNDATION, INC. Principal Place of Business Mailing Address 449 SPRINGLAKE DRIVE 449 SPRINGLAKE DRIVE DARIFORD MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3408501 -- --Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) JOHNSON, WILLIAM A 6767 N. WICKHAM RD., STE. 400F MELBOURNE FL 32940 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DST ☐ Delete TITLE ■ Addition TITLE ☐ Change HITZLER, LEILA J NAME NAME 449 SPRINGLAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP DP TITLE Delete TITLE ☐ Change ☐ Addition HITZLER, HOWARD F NAME NAME STREET ADDRESS 449 SPRINGLAKE DRIVE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SCHELL, JASON M NAME NAME STREET ADDRESS U BOX 60315 FSU STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32313 TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: 7 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date