# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 06, 2004 8:00 am**
**Secretary of State**
05-06-2004 90178 045 ****61.25

DOCUMENT # 710959

1. Entity Name
DRISCOLL FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12555 ORANGE DR.<br>STE 101<br>DAVIE, FL 33330 US | 12555 ORANGE DR.<br>STE 101<br>DAVIE, FL 33330 US |

04202004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7901 SW 6th Court | 7901 SW 6th Court |
| Suite, Apt. #, etc.: Suite 150 A | Suite, Apt. #, etc.: Suite 150 A |
| City & State: Plantation, FL | City & State: Plantation, FL |
| Zip: 33324 Country: USA | Zip: 33324 Country: USA |

4. FEI Number 59-1142501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MARDER, MICHAEL E<br>SOUTH TRUST BANK BUILDING, STE #1100<br>135 WEST CENTRAL BLVD<br>ORLANDO, FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GARDNER,FRANK C<br>12555 ORANGE DRIVE, STE 101<br>DAVIE, FL 33330 | ☐ Delete | VP<br>7901 SW 6th Court, Suite 150 A<br>Plantation, FL 33324 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DRISCOLL, W JOHN<br>332 MINNESOTA STREET, STE 2100<br>SAINT PAUL, MN 55101 | ☐ Delete | 30 E. Seventh St, Suite 2000<br>St. Paul, MN 55101-4930 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>GEIFER, MICHAEL J<br>332 MINNESOTA STREET, STE 2100<br>SAINT PAUL, MN 55101 | ☐ Delete | 30 E. Seventh St, Suite 2000<br>St. Paul, MN 55101--4930 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DRISCOLL, RUDOLPH W<br>2100 FIRST NATL BK BLDG<br>ST PAUL, MN | ☒ Delete | Delete | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DRISCOLL, JOHN B<br>332 MINNESOTA STREET, STE 2100<br>SAINT PAUL, MN 55101 | ☐ Delete | 30 E. Seventh St, Suite 2000<br>ST. Paul, MN 55101-4930 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** Michael J Geifer 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #