2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004
Secretary of State

DOCUMENT# N03000008212

Entity Name: SHARON STRAUSS PARKER LYMPHOMA RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

C/O SHARON STRAUSS PARKER
18168 DAYBREAK DRIVE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

C/O SHARON STRAUSS PARKER
18168 DAYBREAK DRIVE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 20-0447808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REDGRAVE & TURNER LLP
120 EAST PALMETTO PARK ROAD
SUITE 450
BOCA RATON, FL 33432 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: STRAUSS PARKER, SHARON
Address: 18168 DAYBREAK DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: REDGRAVE, ARTHUR R ESQ.
Address: 18168 DAYBREAK DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: GOY, ANDRE DR.
Address: 18168 DAYBREAK DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: BAST, ROBERT C DR.
Address: 18168 DAYBREAK DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: TRUSCH, NORMA ESQ.
Address: 18168 DAYBREAK DRIVE
City-St-Zip: BOCA RATON, FL 33496

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 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: SHARON STRAUSS PARKER D 07/22/2004

Electronic Signature of Signing Officer or Director — Date