2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000006197

1. Entity Name
THE MICHAEL AND LOUISA VON CLEMM FOUNDATION, INC.

Principal Place of Business	Mailing Address
200 S BISCAYNE BLVD #5300 MIAMI, FL 33131-2339	200 S BISCAYNE BLVD #5300 MIAMI, FL 33131-2339

07062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0541059
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, ETHAN W
200 S BISCAYNE BLVD #5300
% MORGAN LEWIS & BOCKIUS
MIAMI, FL 33131-2339

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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 September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VON CLEMM, LOUISA
STREET ADDRESS	58 BEDFORD GARDENS
CITY-ST-ZIP	LONDON W8 7EM ENGLAND,
TITLE	TD
NAME	VON CLEMM, STEFANIE C
STREET ADDRESS	NO 2 DRAYSON MEWS
CITY-ST-ZIP	LONDON W8 4LY ENGLAND,
TITLE	SD
NAME	JOHNSON, ETHAN W
STREET ADDRESS	630 CAMPANA AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	RIGHTER, JAMES V
STREET ADDRESS	58 WINTER ST
CITY-ST-ZIP	BOSTON, MA 02108
TITLE	D
NAME	ISELIN, CHARLOTTE
STREET ADDRESS	11B SHEFFIELD TERR
CITY-ST-ZIP	LONDON, EN W8
TITLE	D
NAME	MCN. RIGHTER, BREWSTER A
STREET ADDRESS	760 CHICKEN VALLEY RD
CITY-ST-ZIP	LOCUST VALLEY, NY 11560

000000374485
07/26/05-80001-006 70.00

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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: _____ July 6, 2005 305 415 3394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #