above, or on an attachment with all other like empowered.

SIGNATURE: CDR ANDREW W. ANDERSON

Electronic Signature of Signing Officer/Director Detail

Entity Name: U. S. COAST GUARD PIPE BAND INC. **Current Principal Place of Business:**

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

200 SOUTH BISCAYNE BLVD SUITE 300 MIAMI, FL 33131

DOCUMENT# N0200006775

Current Mailing Address:

200 SOUTH BISCAYNE BLVD SUITE 300 MIAMI, FL 33131 US

FEI Number: 52-7376154

Name and Address of Current Registered Agent:

ANDERSON, ANDREW W 200 SOUTH BISCAYNE BLVD SUITE 300 MIAMI, FL 33131 US

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

Officer/Director Detail

| Officer/Director Detail : | | | | |
|---------------------------|-----------------|--------------------------------|-----------------|-------------------------------------|
| | Title | VP/D | Title | TREASURER |
| | Name | DUDLEY, CAPT HARRY H. USCG RET | Name | ANDERSON, CDR ANDREW W. USCG RET |
| | Address | 4836 CAPE GEORGE ROAD | Address | 7661 OLD THYME COURT |
| | City-State-Zip: | PORT TOWSEND WA 98368 | City-State-Zip: | PARKLAND FL 33076 |
| | Title | D | Title | SECRETARY |
| | Name | LOUDERMILK, MELVIN L USCG AUX | Name | MILLER, AUX ROBERT USCG AUX |
| | Address | 5852 PEACOCK LANE | Address | 175 DON RICH DRIVE |
| | City-State-Zip: | HOCHTON GA 30548 | City-State-Zip: | CARROLLTON GA 30117 |
| | Title | P/D | Title | DIRECTOR |
| | Name | COCHRAN, BMCS STEVE USCG RET | Name | LINDER, DAVE USCG AUX |
| | Address | 8311 MORNINGSIDE DRIVE | Address | 7115 CENTRAL AVE. |
| | City-State-Zip: | MANASSAS VA 20112 | City-State-Zip: | SODUS POINT NY 14555 |
| | Title | DIRECTOR | Title | DIRECTOR |
| | Name | QUINN, JOHN USCG AUX | Name | BURTON, JEFFREY LCDR USCG RET |
| | Address | 5 FAIRFIELD DRIVE | Address | 4815 31ST STREET |
| | City-State-Zip: | AVONDALE ESTATES GA 30002 | | |
| | | | City-State-Zip: | ARLINGTON VA 22206 |

I hereby 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

TREASURER

FILED Mar 09, 2016 Secretary of State CC3647769069

Certificate of Status Desired: No

03/09/2016 Date

Date