

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001150

**Entity Name:** MARC J. LEDER FOUNDATION, INC.

**Current Principal Place of Business:**

C/O SUN CAPITAL PARTNERS, INC.  
5200 TOWN CENTER CIR, SUITE 600  
BOCA RATON, FL 33486

**Current Mailing Address:**

C/O SUN CAPITAL PARTNERS, INC.  
5200 TOWN CENTER CIR, SUITE 650  
BOCA RATON, FL 33486

**FEI Number:** 27-1815293

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CALHOUN, KEVIN J  
5200 TOWN CENTER CIRCLE  
SUITE 600  
BOCA RATON, FL 33486 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name LEDER, MARC J  
Address 5200 TOWN CENTER CIRCLE, SUITE 600  
City-State-Zip: BOCA RATON FL 33486

Title DS  
Name CALHOUN, KEVIN J  
Address 5200 TOWN CENTER CIRCLE, SUITE 600  
City-State-Zip: BOCA RATON FL 33486

Title DT  
Name KROUSE, RODGER R  
Address 5200 TOWN CENTER CIRCLE, SUITE 600  
City-State-Zip: BOCA RATON FL 33486

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

**SIGNATURE:** MARC J LEDER

DP

01/13/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date