Entity Name: HAITI CHOLERA RESEARCH FUNDING FOUNDATION INC.

Current Principal Place of Business:
2711 VANDIVER DRIVE
111
WEST PALM BEACH, FL 33409

Current Mailing Address:
2711 VANDIVER DRIVE
111
WEST PALM BEACH, FL 33049

FEI Number: 46-3860027
Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:
GREGOIRE, FAUSTA
2711 VANDIVER DRIVE
111
WEST PALM BEACH, FL 33409 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:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip:</th>
<th>Title</th>
<th>Name</th>
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<tr>
<td>P, T</td>
<td>CAZEAU, PIERRETTE J</td>
<td>2711 VANDIVER DRIVE</td>
<td>WEST PALM BEACH FL 33409</td>
<td>V, T, SECRETARY</td>
<td>HUEHN, THOMAS F</td>
<td>2711 VANDIVER DRIVE</td>
<td>WEST PALM BEACH FL 33049</td>
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<td>CDT</td>
<td>AGAMPODI, SUNETH BUDDHIK DR.</td>
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<td>CDT</td>
<td>ESOGBAN , GODSPOWER DR.</td>
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<td>OFFICER</td>
<td>IDOWU, OLUMIDE</td>
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<td>WEST PALM BEACH FL 33049</td>
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<td>CHAIRMAN, OFFICER</td>
<td>DEWI, CHRISTA</td>
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<td>WEST PALM BEACH FL 33049</td>
<td>CHAIRMAN, OFFICER</td>
<td>KONDO, IMANI DR.</td>
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<td>WEST PALM BEACH FL 33049</td>
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Continues on page 2

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: PIERRETTE J CAZEAU

Electronic Signature of Signing Officer/Director Detail

Date

07/14/2016
<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
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<tr>
<td>CHAIRMAN</td>
<td>JACKSON, RICHARDO</td>
<td>2711 VANDIVER DRIVE</td>
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