# 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: JOHN W. RISNER

95 PINE STREET 16TH FL. City-State-Zip: NEW YORK NY 10005

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# P23383

Entity Name: CHILDREN'S TUMOR FOUNDATION, INC.

### **Current Principal Place of Business:**

2460 ROYAL OAK DR. TALLAHASSEE, FL 32308

#### **Current Mailing Address:**

95 PINE STREET 16TH FL. NEW YORK, NY 10005 US

# FEI Number: 13-2298956

# Name and Address of Current Registered Agent:

EARLE, SUZANNE 725 36TH AVENUE NORTH ST. PETERSBURG, FL 33704 US

FILED Mar 21, 2014 Secretary of State CC4133090631

Certificate of Status Desired: No

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:

Address

Electronic Signature of Registered Agent

# Officer/Director Detail :

|  | Title           | Ρ                     | Title           | VP                        |
|--|-----------------|-----------------------|-----------------|---------------------------|
|  | Name            | EHRLI, HANNAH         | Name            | FERNANDEZ-VALLE, CRISTINA |
|  | Address         | 6147 DONEGAL DR.      | Address         | 1011 WILLA LIKE CIR.      |
|  | City-State-Zip: | ORLANFO FL 32819      | City-State-Zip: | OVIEDO FL 32769           |
|  | Title           | S                     | Title           | D                         |
|  | Name            | SCHIFF DUBY, CAROL    | Name            | SCHMALE, MICHAEL          |
|  | Address         | 18319 HAWHIDANE ROAD  | Address         | 455 RIDGEWOOD ROAD        |
|  | City-State-Zip: | FT. MYERS FL 33967    | City-State-Zip: | KEY BISCAYNE FL 33149     |
|  | Title           | D                     | Title           | D                         |
|  | Name            | LOPEZ, SARAH          | Name            | ESPOSITO, SONIA V         |
|  | Address         | 1969 S. ALAFAYA TRAIL | Address         | 5503 PINE SHADE CT.       |
|  | City-State-Zip: | ORLANDO FL 32819      | City-State-Zip: | ORLANDO FL 32814          |
|  | Title           | PRESIDENT             |                 |                           |
|  | Name            | RISNER, JOHN W        |                 |                           |
|  |                 |                       |                 |                           |

PRESIDENT 03/21/2014

Date

Date