

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 726782****1. Entity Name**  
**THE AYMARA FOUNDATION, INC.****Principal Place of Business**  
CLEVELAND STATE UNIVERSITY  
DEPT OF HEALTH SCIENCES  
CLEVELAND OH 44115 US  
**Mailing Address**  
P.O. BOX 101703  
FT. WORTH TX 76185 US**2. Principal Place of Business**  
Suite, Apt. #, etc.  
**3. Mailing Address**  
Suite, Apt. #, etc.  
**City & State****4. FEI Number**  
**23-7366815**  
**Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****Zip** **Country** **Zip** **Country****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DUGGAN, J ROBERT**  
**1029 W MAGNOLIA ST**  
**LEESBURG FL 34748 US****Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City FL Zip Code****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.****SIGNATURE** **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25** **9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	SD	<input type="checkbox"/> Delete
NAME	LEAVITT ROBERT M.	
STREET ADDRESS	219 CHARLOTTE STREET	
CITY-ST-ZIP	FREDERICTON, NB, CANADA E3B1L5	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIRACLE ANDREW	
STREET ADDRESS	2122 SURREY RD., APT #4	
CITY-ST-ZIP	CLEVELAND HEIGHTS OH 44106	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ABERCROMBIE, THOMAS	
STREET ADDRESS	12 E. 8TH APT 4A	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLLINS, JANE	
STREET ADDRESS	1714 HELENA ST	
CITY-ST-ZIP	MADISON WI 53704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRACLE ANDREW	
STREET ADDRESS	2096 SURREY RD., APT #1	
CITY-ST-ZIP	CLEVELAND HEIGHTS OH 44106	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **Andrew W. Miracle** **TD** **04/26/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)