

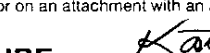


FILED
Jan 30, 2008 8:00 am
Secretary of State

40013251

DOCUMENT # 751419						01-30-2008 90022 026 ****61.25	
1. Entity Name THE LOUIS J. KURIANSKY FOUNDATION, INC.							
Principal Place of Business NORTHERN TRUST BANK 1100 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301 US		Mailing Address NORTHERN TRUST BANK 1100 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301 US		40013251			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01252008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0363659		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WALTZ, DEIDRE S 1100 E LAS OLAS BLVD NORTHERN TRUST BANK FT. LAUDERDALE, FL 33301				Name Katherine N. Guida Street Address (P.O. Box Number is Not Acceptable) Northern Trust N.A. 1100 East Las Olas Blvd City Fort Lauderdale FL Zip Code 33301			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				1-25-08			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KURIANSKY, EDWARD 80 MAIDEN LANE, 18TH FLOOR NEW YORK, NY 10038 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kuriansky, Joan 1870 Wyoming Avenue # 702 Washington, DC 20009-1802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTZ, DEIDRE S 1100 E LAS OLAS BLVD FT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guida Katherine 1100 East Las Olas Blvd. Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLISH, SHELDON 350 E LAS OLAS BLVD 1000 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Katherine N. Guida				1-25-08 954-768-4073			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			