2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 751419

Entity Name: THE LOUIS J. KURIANSKY FOUNDATION, INC.

Current Principal Place of Business:

NORTHERN TRUST BANK
1100 E LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

NORTHERN TRUST N.A.
1100 E LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

NORTHERN TRUST BANK
1100 E LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

NORTHERN TRUST N.A.
1100 E LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 US

FEI Number: 65-0363659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUIDA, KATHERINE
NORTHERN TRUST N.A
1100 EAST LASOLAS BLVD
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

GUIDA, KATHERINE
NORTHERN TRUST N.A
1100 EAST LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 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: _____ 01/07/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POLISH, SHELDON
Address: 350 E LAS OLAS BLVD 1000`
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete
Name: KURIANSKY, JOAN
Address: 1870 WYOMING AVENUE #702
City-St-Zip: WASHINGTON, DC 200091802

Title: D ( ) Delete
Name: GUIDA, KATHERINE
Address: 100 EAST LASOLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: POLISH, SHELDON
Address: 350 E LAS OLAS BLVD 1000
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHERINE N. GUIDA D 01/07/2009
Electronic Signature of Signing Officer or Director — Date