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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90242 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 756198					
1. Corporation Name TAMPA BAY RESEARCH INSTITUTE, INC.					
Principal Place of Business 10900 ROOSEVELT BLVD ST PETERSBURG FL 33716			Mailing Address 10900 ROOSEVELT BLVD ST PETERSBURG FL 33716		

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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/04/1981 4. FEI Number 59-2076218 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution	
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9. Name and Address of Current Registered Agent TANAKA, AKIKO P 10900 ROOSEVELT BLVD ST PETERSBURG FL 33716		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, MARIE POWELL	1.2 NAME	
STREET ADDRESS	3325-66TH STREET N	1.3 STREET ADDRESS	
CITY-ST-ZIP	N ST PETERSBURG FL 33710	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROIZMAN, BERNARD	2.2 NAME	
STREET ADDRESS	UNIV OF CHICAGO	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BIERLEY, JOHN C	3.2 NAME	
STREET ADDRESS	2300 FIRST FLOOR TOWER, 111 MADISON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TANAKA, AKIKO	4.2 NAME	
STREET ADDRESS	14827 FEATHER COVE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	TR ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MICHAEL E	5.2 NAME	
STREET ADDRESS	100 2ND AVE S, #300	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HINES, ANDREW H JR.	6.2 NAME	
STREET ADDRESS	TRIANGLE CONSULTING 150 SECOND AVE. N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

727-576-6675

Daytime Phone #

CR2E037 (11/98)

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