ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State 2004 NOT-FOR-PROFIT CORPORATION 04-28-2004 90239 019 ****61.25 **DOCUMENT #756198** TAMPA BAY RESEARCH INSTITUTE, INC. 14011232 Principal Place of Business Mailing Address 10900 ROOSEVELT BLVD 10900 ROOSEVELT BLVD ST PETERSBURG, FL 33716 ST PETERSBURG, FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite Apt. # etc. 04272004 CR2E037 (10/03) Cha-NP City & State Applied For City & State 4. FEI Number 59-2076218 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANAKA, AKIKO P 10900 ROOSEVELT BLVD Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG, FL 33716 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SULLIVAN, MARIE POWELL NAME NAME STREET ADDRESS 11625 4 STREET EAST STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND, FL 33706 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITI F TITLE ROIZMAN, BERNARD NAME NAME **UNIV OF CHICAGO** STREET ADDRESS STREET ADDRESS CHICAGO, IL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BIERLEY, JOHN C NAME 100 N TAMPA ST STE 2120 STREET ADDRESS STREET ADDRESS TAMPA, FL 33602 CITY-ST-ZIP CITY-ST-ZIP

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NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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☐ Delete

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Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

Akiko Tanaka, Ph.D.

TOTAL

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

CITY-ST-ZIP

TANAKA, AKIKO

14827 FEATHER COVE LANE

SAINT PETERSBURG, FL 33703 -

CLEARWATER, FL 33762

WILLIAMS, MICHAEL E

3810 16 ST NORTH

Attachment

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