2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# 762951

Entity Name: THE LOUIS E. AND PATRICE J. WOLFSON FOUNDATION, INC.

Current Principal Place of Business:

L.E. & P.J. WOLFSON FDN., INC.
C/O PAT WOLFSON, 10205 COLLINS AVE # 509
BAL HARBOUR, FL 33154

New Principal Place of Business:

C/O PATRICE J. WOLFSON
10205 COLLINS AVE, # 509
BAL HARBOUR, FL 33154

Current Mailing Address:

L.E. & P.J. WOLFSON FDN., INC.
C/O PAT WOLFSON, 10205 COLLINS AVE # 509
BAL HARBOUR, FL 33154

New Mailing Address:

C/O PATRICE J. WOLFSON
10205 COLLINS AVE, # 509
BAL HARBOUR, FL 33154

FEI Number: 59-2190031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSENBERG, DONALD S
ONE S. E. THIRD AVE.
STE 3050
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ROSENBERG, DONALD S
ONE S. E. THIRD AVE.
STE 3100
MIAMI, FL 33131 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: _____ 02/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WOLFSON, PATRICE J.,
Address: 10205 COLLINS AVE #509
City-St-Zip: BAL HARBOUR, FL

Title: VPSD ( ) Delete
Name: TOMBERLIN, M.C.,
Address: 3235 FRONT ROAD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: WOLFSON, PATRICE J.,
Address: 10205 COLLINS AVE, #509
City-St-Zip: BAL HARBOUR, FL 33154

Title: VPSD (X) Change ( ) Addition
Name: TOMBERLIN, M.C.,
Address: 3235 FRONT ROAD
City-St-Zip: JACKSONVILLE, FL 32257

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: PATRICE J. WOLFSON P 02/19/2009
Electronic Signature of Signing Officer or Director — Date