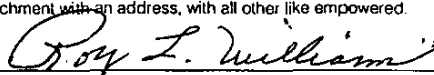


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90036 034 ****61.25

DOCUMENT # 800000 1. Entity Name BOY SCOUTS OF AMERICA					
Principal Place of Business 1325 W WALNUT HILL LANE P.O. BOX 152079 IRVING, TX 75015-2079			Mailing Address 1325 W WALNUT HILL LANE P.O. BOX 152079 IRVING, TX 75015-2079		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-1576300	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ST. JEAN, DENNIS H 73800 OVERSEAS HWY ISLAMORDA, FL 33036				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD ☐ Delete		TITLE	PD ☒ Change ☐ Addition	
NAME	ROBERTS, ROY S		NAME	John C. Cushman III	
STREET ADDRESS	227 WEST MONROE STREET, SUITE 3580		STREET ADDRESS	601 S. Figueroa #4700	
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP	Los Angeles, CA 90017	
TITLE	EVPD ☐ Delete		TITLE	EVPD ☒ Change ☐ Addition	
NAME	CUSHMAN, III, JOHN C		NAME	William F. "Rick" Cronk	
STREET ADDRESS	601 SOUTH FIGUEROA #4700		STREET ADDRESS	5929 College Avenue	
CITY-ST-ZIP	LOS ANGELES, CA 90017		CITY-ST-ZIP	Oakland, CA 94618	
TITLE	VPAD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GOTTSCALK, JOHN		NAME		
STREET ADDRESS	WORLD-HERALD SQUARE		STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 68102		CITY-ST-ZIP		
TITLE	TD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HARWELL, JR., AUBREY B		NAME		
STREET ADDRESS	150 FOURTH AVENUE NORTH - SUITE 2000		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37219		CITY-ST-ZIP		
TITLE	VPD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GRAVES, EARL G		NAME		
STREET ADDRESS	130 FIFTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 100114399		CITY-ST-ZIP		
TITLE	CSED ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WILLIAMS, ROY L		NAME		
STREET ADDRESS	1325 W WALNUT HILL LANE		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 750383008		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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Roy Williams 1-6-05 972-580-2544		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40001767



01052005 Chg-NP CR2E037 (10/03)