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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 25 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 833174 (6)

1. Corporation Name

THE JUVENILE DIABETES FOUNDATION INTERNATIONAL (INCORPORATED)

Principal Place of Business

432 PARK AVE. SO.
16 FLOOR
NEW YORK NY 10016-5013

Mailing Address

432 PARK AVE. SO.
16 FLOOR
NEW YORK NY 10016-5013

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1974

3a. Date of Last Report

03/11/1994

4. FEI Number

23-1907729

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME ROBBINS, JAMES O
STREET ADDRESS 3185 NANCY CREEK ROAD NW
CITY-ST-ZIP ATLANTA GA 30327

TITLE PD
NAME LEEPER DDS, STEPHEN
STREET ADDRESS 1801 DEVOE DRIVE
CITY-ST-ZIP LINCOLN NB 68506

TITLE VPD
NAME JOHNSON, ARDYTHE
STREET ADDRESS 1212 SECOND AVE., NORTH
CITY-ST-ZIP SEATTLE WA 98109

TITLE VPD
NAME ROSE DDS, MD, LOUISE
STREET ADDRESS 636 ROBINSON LANE
CITY-ST-ZIP HAVERFORD PA 19041

TITLE TD
NAME JACKSON, TERRY A
STREET ADDRESS 1181 COLBORNE CT.
CITY-ST-ZIP OAKVILLE, ONTARIO, CANADA

TITLE SD
NAME SAMUELS, ROBERT
STREET ADDRESS 48 BALFOUR DRIVE.
CITY-ST-ZIP WEST HARTFORD CT 06117

14 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VPD

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-95

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Updated September 30, 1994