2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#833540

Entity Name: WHITEHALL FOUNDATION, INC.

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 380 S COUNTRY RD SUITE 201 PALM BEACH, FL 33480 **New Mailing Address: Current Mailing Address:** PO BOX 3423 PALM BEACH, FL 33480 FEI Number: 13-5637595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, CATHERINE M 380 S COUNTRY RD SUITE 201 PALM BEACH, FL 33480 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ADAMS, WARREN S II Name: Name: 6901 LADERA NORTE Address: Address: City-St-Zip: AUSTIN, TX 78731 City-St-Zip: Title: () Delete Title: () Change () Addition BEALL, KENNETH S JR Name: Name: Address: 777 S. FLAGLER DR Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition RUMBOUGH, WRIGHT Name: Name: 271 PIPING ROCK RD Address: Address: City-St-Zip: GLEN HEAD, NY 11545 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, CATHERINE M Name: Name: Address: 257 ESSEX LN Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: Title: Title: () Delete () Change () Addition GIBBONS-NEFF, PETER MR Name: Name: 120 BROWNING LANE Address: Address: City-St-Zip: ROSEMONT, PA 19110 City-St-Zip: Title: () Delete Title: (X) Change () Addition MOFFETT, GEORGE M MOFFETT II. GEORGE M MR Name: Name: Address: 380 S COUNTRY RD Address: 380 S COUNTRY RD PALM BEACH, FL 33480 PALM BEACH, FL 33480 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CATHERINE M THOMAS S 01/07/2004