2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 836957

Entity Name: AQUARIAN FOUNDATION

Current Principal Place of Business:

315 15TH AVE. EAST
SEATTLE, WA 98112

New Principal Place of Business:

Current Mailing Address:

315 15TH AVE. EAST
SEATTLE, WA 98112

New Mailing Address:

FEI Number: 91-6050343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	WERNER, J	
Address:	416 35TH AVE	
City-St-Zip:	SEATTLE, WA 98122	
Title:	SD	( ) Delete
Name:	MASTERS, A.	
Address:	315 15TH AVE. EAST	
City-St-Zip:	SEATTLE, WA 38112	
Title:	D	( ) Delete
Name:	LITMAN, N	
Address:	315 15TH AVENUE EAST	
City-St-Zip:	SEATTLE, WA 98112	
Title:	D	( ) Delete
Name:	TURNER, DR. N.	
Address:	416 35TH AVE.	
City-St-Zip:	SEATTLE, WA 98112	
Title:	T	( ) Delete
Name:	CAMPBELL, N,	
Address:	416-35TH AVENUE	
City-St-Zip:	SEATTLE, WA 98122	
Title:	VP	( ) Delete
Name:	BICKERSTAFF, T	
Address:	315 15TH AVE. E	
City-St-Zip:	SEATTLE, WA 98112	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: TED BICKERSTAFF VP 01/06/2009

Electronic Signature of Signing Officer or Director — Date