

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90199 001 ****70.00

DOCUMENT # 853259

1. Entity Name

THE FOUNDATION FIGHTING BLINDNESS, INC.

657050



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11350 MCCORMICK ROAD EXECUTIVE PLAZA I SUITE 800 HUNT VALLEY MD 21031-1014 US	Mailing Address 11350 MCCORMICK ROAD EXECUTIVE PLAZA I SUITE 800 HUNT VALLEY MD 21031-1014 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 23-7135845	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CHARLTON, WILLIAM J
201 RIVERVIEW DRIVE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name: **William J. Chatlos**
 Street Address (P.O. Box Number is Not Acceptable): **710 Miami Springs Drive**
 City: **Longwood** FL Zip Code: **32779**

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.

SIGNATURE: *William J. Chatlos* **William J. Chatlos** **1/8/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GUND, GORDON NASSAU ST. PRINCETON NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FINKELSTEIN, HARRIET 3605 PHILIPS DRIVE BALTIMORE MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEDMAN, DANIEL 111 HALMET HILL ROAD #1108 BALTIMORE MD <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLLOB, EDWARD 60 PENNSYLVANIA AVE. KEARNY, NJ. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEZII, STEVE 19 S. TENNESSE AVE. ATLANTIC CITY NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEA, HAYNES P 101 NORTH TRYON ST. CHARLOTTE NC <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Peter Whinfrey 1355 South River Street Batavia, IL 60510 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Steven Dezii 7405 Silver Palm Court Las Vegas, NV 89117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Harriet E. Finkelstein* **Harriet E. Finkelstein** **1/9/01** **(410) 785-1414**

CR2E037 (10/00)