

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853259

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** THE FOUNDATION FIGHTING BLINDNESS, INC.

**Current Principal Place of Business:**

11435 CRONHILL DRIVE  
OWINGS MILLS, MD 211172220 US

**New Principal Place of Business:**

7168 COLUMBIA GATEWAY DRIVE  
SUITE 100  
COLUMBIA, MD 21046 US

**Current Mailing Address:**

11435 CRONHILL DRIVE  
OWINGS MILLS, MD 211172220 US

**New Mailing Address:**

7168 COLUMBIA GATEWAY DRIVE  
SUITE 100  
COLUMBIA, MD 21046 US

FEI Number: 23-7135845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHATLOS, WILLIAM J  
710 MIAMI SPRINGS DRIVE  
LONGWOOD, FL 32779 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: CD  
Name: GUND, GORDON  
Address: 11435 CRONHILL DRIVE  
City-St-Zip: OWINGS MILLS, MD 21117 US

Title: VCD  
Name: SHAW, JEREMIAH H  
Address: 11435 CRONHILL DRIVE  
City-St-Zip: OWINGS MILLS, MD 21117 US

Title: ATD  
Name: SAWYER, BRUCE P  
Address: 11435 CRONHILL DRIVE  
City-St-Zip: OWINGS MILLS, MD 21117 US

Title: SD  
Name: CHESTER, YVONNE  
Address: 11435 CRONHILL DRIVE  
City-St-Zip: OWINGS MILLS, MD 21117 US

Title: TD  
Name: LEA, HAYNES P  
Address: 101 N. TRYON STREET, SUITE 1900  
City-St-Zip: CHARLOTTE, NC 60062 US

Title: SVPD  
Name: JOEL, DAVIS P  
Address: 11435 CRONHILL DRIVE  
City-St-Zip: OWINGS MILLS, MD 21117 US

I hereby 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 all other like empowered.

SIGNATURE: ANNETTE HINKLE

CFO

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date