

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000006157**

1. Entity Name

GIVEWELL FOUNDATION, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90208 030 ****61.25

Principal Place of Business

**5 ROBIN STREET
BURLINGTON MA 01803**

Mailing Address

**5 ROBIN STREET
BURLINGTON MA 01803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3525255

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS LEGAL SERVICES, INC.
941 4TH STREET, 2ND FLOOR
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

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

1333 North Duval StreetCity **Tallahassee****FL**Zip Code
32302

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

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. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MILLER, WILLIAM H**
STREET ADDRESS **50 GRIFFIN ROAD**
CITY-ST-ZIP **HUDSON NH 03051**TITLE **DT** ☐ Delete
NAME **MCCLYMONDS, JAMES W**
STREET ADDRESS **27 DRURY LANE**
CITY-ST-ZIP **WALTHAM MA 02452**TITLE **PD** ☐ Delete
NAME **EMMER, GARY O**
STREET ADDRESS **20 BEECHWOOD TERRACE**
CITY-ST-ZIP **WELLESLEY MA 02482**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE REQUIRED

5/2/01

781-938-0008

CR2E037 (10/00)