## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 30, 2002 8:00 am Secretary of State DOÇUMENT # F0100000589 01-30-2002 90070 044 \*\*\*\*61.25 KOCH CRIME INSTITUTE, INC. Principal Place of Business Mailing Address 1501 FORUM PLACE, SUITE P-2 1601 FORUM PLACE, SUITE P-2 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 31-1580410 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **JORPORATION SERVICE COMPANY** 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code Fil 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Change TITLE Delete NAME KOCH, WILLIAM I NAME STREET ADDRESS STREET ADDRESS 1601 FORUM PLACE, SUITE P-2 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME SHIPLEY, ZACHARY K NAME STREET ADDRESS STREET ADDRESS 1601 FORUM PLACE, SUITE P-2 CITY-ST-ZIP CiTY-ST-7IP WEST PALM BEACH FL 33401 ☐ Change Addition TITLE DS-☐ Delete TITLE CALLAHAN, RICHARD P. NAME NAME STREET ADDRESS STREET ADDRESS 1601 FORUM PLACE, SUITE P-2 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition ☐ Delete TITLE TITLE wrighton: Frederick w III NAME NAME STREET ADDRESS STREET ADDRESS 1601 FORUM PLACE, SUITE P-2 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 of 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. Richard P. Callahan, Secretary SIGNATURE:

1/9/02

(561)697-4300