

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90286 018 \*\*\*\*61.25

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05062005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # F01000005472</b> 1. Entity Name <b>F.W. OLIN FOUNDATION, INC.</b>					
Principal Place of Business <b>2033 MAIN STREET SARASOTA, FL 34237</b>			Mailing Address <b>2033 MAIN STREET SARASOTA, FL 34237</b>		
2. Principal Place of Business <b>1580 Harbor Cay Lane</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>P.O. Box 9227</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		4. FEI Number <b>13-1820176</b>	
Zip <b>34228</b>		Country <b>Sarasota</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILAS, LAWRENCE W 2033 MAIN STREET SARASOTA, FL 34237</b>			7. Name and Address of New Registered Agent Name <b>Lawrence W. Milas</b> Street Address (P.O. Box Number is Not Acceptable) <b>1580 Harbor Cay Lane</b>  City <b>Sarasota</b> <span style="float: right;">FL</span> <span style="float: right;">Zip Code 34228</span>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>Lawrence W. Milas, President</b> <span style="float: right;">5/6/05</span> <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILAS, LAWRENCE W 2033 MAIN STREET SARASOTA, FL 34237	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORDEN, WILLIAM B ESQ. 900 THIRD AVE NEW YORK, NY 10022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHMIDT, WILLIAM J 1500 FOSHAY TOWER MINNEAPOLIS, MN 55402	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, WILLIAM B 1500 FOSHAY TOWER MINNEAPOLIS, MN 55402	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 <b>Lawrence W. Milas, President</b> <span style="float: right;">5/6/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					