2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State
02-22-2006 90014 035 ****61.25

DOCUMENT # F02000003021

1. Entity Name
BARNES-JEWISH HOSPITAL FOUNDATION CORP.

40016216

01232006 Chg-NP CR2E037 (11/05)

Principal Place of Business	Mailing Address
ATTN: MARILYN RAPHAEL 600 S. TAYLOR AVENUE, SUITE 120 ST. LOUIS, MO 63110	ATTN: MARILYN RAPHAEL 600 S. TAYLOR AVENUE, SUITE 120 ST. LOUIS, MO 63110

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 43-1648435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY, SUITE 300 TAMPA, FL 33637	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EVENS, RONALD G M.D. ONE BARNES-JEWISH PLAZA ST. LOUIS, MO 63110	☒ Delete	P Ziskind, Andrew M.D. One Barnes-Jewish Plaza, MS 90-71-311 St. Louis, MO 63110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ELSTON, W. FRANK FAHP 600 S. TAYLOR AVE, #120, M.S. 90-94-206 ST. LOUIS, MO 63110	☐ Delete	V Bates, Mark W. 600 S. Taylor Ave, #120, MS 90-94-206 St. Louis, MO 63110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SITEMAN, ALVIN J 50 SOUTH BEMISTON ST. LOUIS, MO 63105	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC KLING, S. LEE 1401 S. BRENTWOOD BLVD. ST. LOUIS, MO 63144	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STERN, WALTER G 100 N. BROADWAY ST. LOUIS, MO 63102	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark W Bates 1/25/06 3142860580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #