2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# F02000003021

Entity Name: BARNES-JEWISH HOSPITAL FOUNDATION CORP.

Current Principal Place of Business:

ATTN: MARILYN RAPHAEL
600 S. TAYLOR AVENUE, SUITE 120
ST. LOUIS, MO 63110

New Principal Place of Business:

Current Mailing Address:

ATTN: MARILYN RAPHAEL
600 S. TAYLOR AVENUE, SUITE 120
ST. LOUIS, MO 63110

New Mailing Address:

FEI Number: 43-1648435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY, SUITE 300
TAMPA, FL 33637 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:	EVP	( ) Delete
Name:	ZISKIND, ANDREW M.D	
Address:	ONE BARNES-JEWISH PLAZA MS 90-71-311	
City-St-Zip:	ST. LOUIS, MO 63110	
Title:	VP	( ) Delete
Name:	RUVELSON, JULIA S	
Address:	600 S. TAYLOR AVE, #120, M.S. 90-94-206	
City-St-Zip:	ST. LOUIS, MO 63110	
Title:	C	( ) Delete
Name:	KLING, S. LEE	
Address:	9990 OLD OLIVE STREET ROAD, SUITE 107	
City-St-Zip:	ST. LOUIS, MO 63105	
Title:	VC	( ) Delete
Name:	GOLDBERG, SUSAN K	
Address:	8 GLEN CREEK LANE	
City-St-Zip:	ST. LOUIS, MO 63124	
Title:	VC	( ) Delete
Name:	MILLSTONE, ROBERT D	
Address:	7701 FORSYTH , SUITE 925	
City-St-Zip:	ST. LOUIS, MO 63105	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VC	( ) Change (X) Addition
Name:	WALLACE, HARVEY N	
Address:	1050 N. LINDEBERGH	
City-St-Zip:	ST. LOUIS, MO 63132	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIA S. RUVELSON VP 01/29/2008

Electronic Signature of Signing Officer or Director — Date