

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003697

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: RPM NAUTICAL FOUNDATION, INC.

## Current Principal Place of Business:

RPM NAUTICAL FOUNDATION  
6000 PENINSULAR AVENUE  
KEY WEST, FL 33040 US

## New Principal Place of Business:

RPM NAUTICAL FOUNDATION  
7009 SHRIMP ROAD, UNIT 3  
KEY WEST, FL 33040 US

## Current Mailing Address:

MARY JOHNSEN C/O RPM NAUTICAL FOUNDATION  
104 MYRTLE TRACE DRIVE  
CONWAY, SC 29526 US

## New Mailing Address:

FEI Number: 52-2253745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: D ( ) Delete  
Name: CULLEN, EUGENE  
Address: 112 SOUTH MAIN STREET, SUITE 280  
City-St-Zip: STOWE, VT 05672

Title: SGCD ( ) Delete  
Name: GOOLD, JAMES A  
Address: 1201 PENNSYLVANIA AVENUE, N.W., STE 1063-D  
City-St-Zip: WASHINGTON, DC 200042401

Title: D ( ) Delete  
Name: BURNSIDE, MADELEINE  
Address: 200 GREENE STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: T ( ) Delete  
Name: JOHNSEN, MARY  
Address: 104 MYRTLE TRACE DRIVE  
City-St-Zip: CONWAY, SC 29526

Title: D ( ) Delete  
Name: LOW, MITCHELL T  
Address: 140 EAST 13TH STREET  
City-St-Zip: NEW YORK, NY 10003

Title: D ( ) Delete  
Name: MALCOLM, COREY  
Address: 200 GREENE STREET  
City-St-Zip: KEY WEST, FL 33040

## 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY A. JOHNSEN

MRS.

01/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date