2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# F02000003697

Entity Name: RPM NAUTICAL FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 A	
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:	MALCOM, 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:	D	(X) Change ( ) Addition
Name:	ROBB, GEORGE	
Address:	3730 SUNRISE LANE	
City-St-Zip:	KEY WEST, FL 33040 US	
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 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 T 05/13/2009
Electronic Signature of Signing Officer or Director — Date