2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005
Secretary of State

DOCUMENT# F03000001054

Entity Name: WELLIN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O T. FARACE, CLINTON SQUARE
P.O. BOX 31051
ROCHESTER, NY 14603

New Principal Place of Business:

Current Mailing Address:

C/O T. FARACE, CLINTON SQUARE
P.O. BOX 31051
ROCHESTER, NY 14603

New Mailing Address:

FEI Number: 75-3087525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESERCH LTD. INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	FARACE, THOMAS M	
Address:	CLINTON SQUARE, P.O. BOX 31051	
City-St-Zip:	ROCHESTER, NY 14603	
Title:	P/D	( ) Delete
Name:	WELLIN, KEITH S	
Address:	161 COQUILLE WAY	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	V/D	( ) Delete
Name:	WELLIN, PETER J	
Address:	65 WAITES LANDING	
City-St-Zip:	FALMOUTH, ME 04105	
Title:	T/D	( ) Delete
Name:	PLUM, CYNTHIA W	
Address:	10 WATERMAN AVENUE	
City-St-Zip:	PHILADELPHIA, PA 19118	
Title:	S/D	( ) Delete
Name:	KING, MARJORIE W	
Address:	1884 BEANS BRIGHT ROAD, N.E.	
City-St-Zip:	BAINBRIDGE ISLAND, WA 98110	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M FARACE S 02/25/2005

Electronic Signature of Signing Officer or Director — Date