

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001054

Entity Name: WELLIN FAMILY FOUNDATION, INC.

FILED
Jan 09, 2008
Secretary of State

01/19/06 60059 012***\$150***\$27.50

03/02/05 60118 024***\$150***33.75

Current Principal Place of Business:

C/O T. FARACE, 1300 CLINTON SQUARE
P.O. BOX 31051
ROCHESTER, NY 14603 US

Current Mailing Address:

C/O T. FARACE, CLINTON SQUARE
P.O. BOX 31051
ROCHESTER, NY 146031051 US

New Principal Place of Business:

C/O T. FARACE, 1100 CLINTON SQUARE
NIXON PEABODY LLP
ROCHESTER, NY 14604 US

New Mailing Address:

C/O T. FARACE, 1100 CLINTON SQUARE
NIXON PEABODY LLP
ROCHESTER, NY 14604 US

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 RESEARCH, LTD., INC.
515 E. PARK AVE.
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 US

Title: P/D () Delete
Name: WELLIN, KEITH S
Address: 161 COQUILLE WAY
City-St-Zip: VERO BEACH, FL 32963 US

Title: V/D () Delete
Name: WELLIN, PETER J
Address: 65 WAITES LANDING
City-St-Zip: FALMOUTH, ME 04105 US

Title: T/D () Delete
Name: PLUM, CYNTHIA W
Address: 10 WATERMAN AVENUE
City-St-Zip: PHILADELPHIA, PA 19118 US

Title: S/D () Delete
Name: KING, MARJORIE W
Address: 1884 BEANS BRIGHT ROAD, N.E.
City-St-Zip: BAINBRIDGE ISLAND, WA 98110 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: FARACE, THOMAS M
Address: 1100 CLINTON SQUARE
City-St-Zip: ROCHESTER, NY 14604 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:

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 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

01/09/2008

Electronic Signature of Signing Officer or Director

Date

OVERPAYMENT FROM PREVIOUS YEARS FILING
APPLIED FOR ANNUAL REPORT FEE: \$PT 1.14.10