2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# F04000000436

Entity Name: THE FSL SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

330 SEVENTH AVENUE, SECOND FLOOR
NEW YORK, NY 10001

New Principal Place of Business:

Current Mailing Address:

330 SEVENTH AVENUE, SECOND FLOOR
NEW YORK, NY 10001

New Mailing Address:

FEI Number: 23-2618766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MILLS, ANDREW
Address: 330 SEVENTH AVENUE, SECOND FLOOR
City-St-Zip: NEW YORK, NY 10001

Title: D ( ) Delete
Name: KNESTRICK, MARTY
Address: 330 SEVENTH AVENUE, SECOND FLOOR
City-St-Zip: NEW YORK, NY 10001

Title: D ( ) Delete
Name: LIGHTBURN, PETER
Address: 330 SEVENTH AVENUE, SECOND FLOOR
City-St-Zip: NEW YORK, NY 10001

Title: D ( ) Delete
Name: WALFORD, SUZANNE
Address: 330 SEVENTH AVENUE, SECOND FLOOR
City-St-Zip: NEW YORK, NY 10001

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:

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: SUZANNE WALFORD MS 01/04/2007

Electronic Signature of Signing Officer or Director — Date