

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000436

FILED
Mar 26, 2009
Secretary of State

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:

330 SEVENTH AVENUE, SECOND FLOOR
2ND FL
NEW YORK, NY 10001

FEI Number: 23-2618766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 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: HALE, SEAN
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 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 WALDFORD

D

03/26/2009

Electronic Signature of Signing Officer or Director

Date