2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001075

Entity Name: SCORE FOUNDATION, INC.

FILED Jan 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 409 3RD STREET, S.W., 6TH FLOOR WASHINGTON, DC 20024 **Current Mailing Address: New Mailing Address:** 409 3RD STREET, S.W., 6TH FLOOR WASHINGTON, DC 20024 FEI Number: 52-1962712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition YANCEY W. KENNETH JR. Name: Name: 409 3RD STREET, S.W., 6TH FLOOR Address: Address: City-St-Zip: WASHINGTON, DC 20024 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BRITT, SANDRA Name: Address: 409 3RD STREET, S.W., 6TH FLOOR Address: City-St-Zip: WASHINGTON, DC 20024 City-St-Zip: Title: () Delete Title: () Change () Addition DOBOSZ, MARK Name: Name: 4135 CENTER GATE BLVD. Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BROWN, R. DUNCAN Name: 2047 SHAW WOODS DRIVE Address: Address: City-St-Zip: ROCKFORD, IL 61107 City-St-Zip: Title: () Delete Title: () Change () Addition CAMPANELLI, LOU Name: Name: 29 MEADOWS DRIVE Address: Address: PORT WASHINGTON, NY 11050 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition DEDOMINIC, PATTY Name: Name: Address: 777 S. FIGUEROA, SUITE 2500 Address: LOS ANGELES, CA 90017 City-St-Zip: 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: SANDRA A. BRITT D. 01/23/2006