2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# F04000004203

Entity Name: WYCLIFFE ASSOCIATES, INC.

Current Principal Place of Business:

11450 TRANSLATION WAY
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

PO BOX 620143
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 95-2584324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 E. PINE STREETE, SUITE 1400
ORLANDO, FL 32801 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: P
Name: SMITH, BRUCE A
Address: 11450 TRANSLATION WAY
City-St-Zip: ORLANDO, FL 32832

Title: CD
Name: STEERE, O'ANN
Address: 11450 TRANSLATION WAY
City-St-Zip: ORLANDO, FL 32832

Title: D
Name: RIES, PAUL DR
Address: 11450 TRANSLATION WAY
City-St-Zip: ORLANDO, FL 32832

Title: D
Name: BAKER, WILLIAM
Address: 11450 TRANSLATION WAY
City-St-Zip: ORLANDO, FL 32832

Title: SD
Name: CONNIE, MEEDER
Address: 11450 TRANSLATION WAY
City-St-Zip: ORLANDO, FL 32832

Title: CFO
Name: TIMOTHY, NEU F
Address: 11450 TRANSLATION WAY
City-St-Zip: ORLANDO, FL 32832

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY F NEU CFO 03/20/2012

Electronic Signature of Signing Officer or Director — Date