2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001960

FILED Jan 30, 2007 Secretary of State

Entity Name: FOUNDATION FOR THE CHALLENGED INC.

Current Principal Place of Business: New Principal Place of Business: 5970 WILCOX PLACE SUITE G DUBLIN, OH 430166808 **Current Mailing Address: New Mailing Address:** 5970 WILCOX PLACE SUITE G DUBLIN, OH 430166808 FEI Number: 01-0619670 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 WESSELING, FRAN K Name: Name: 5970 WILCOX PLACE SUITE G Address: Address: City-St-Zip: DUBLIN, OH 430166808 City-St-Zip: Title: () Delete Title: (X) Change () Addition AMERINE, DAVID Name: AMERINE, DAVID Name: Address: 175 S THIRD STREET SUITE 1200 Address: 5970 WILCOX PLACE SUITE G City-St-Zip: COLUMBUS, OH 43215 City-St-Zip: DUBLIN, OH 430166808 Title: DS () Delete Title: DS (X) Change () Addition MULBERN, MICHAEL MULBERN, MICHAEL Name: Name: 7650 RIVERD EDGE DRIVE 5970 WILCOX PLACE SUITE G Address: Address: City-St-Zip: DUBLIN, OH 430166808 City-St-Zip: DUBLIN, OH 430166808 Title: () Delete Title: () Change () Addition Name: MESS, MICHAEL A Name: 5970 WILCOX PLACE SUITE G Address: Address: City-St-Zip: DUBLIN, OH 430166808 City-St-Zip: Title: () Delete Title: () Change (X) Addition TROUP, GORDON Name: Name: 5970 WILCOX PLACE SUITE G Address: Address: City-St-Zip: City-St-Zip: DUBLIN, OH 430166808 Title: () Delete Title: () Change (X) Addition HECKER, ART Name: Name: Address: Address: 5970 WILCOX PLACE SUITE G DUBLIN, OH 430166808 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: MICHAEL A. MESS VP 01/30/2007