

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000004875**

1. Entity Name  
**LOK FOUNDATION, INC.**



Principal Place of Business  
**500 EAST BROWARD BLVD  
SUITE 2100  
FORT LAUDERDALE, FL 33394**

Mailing Address  
**% SONEET KAPILA KAPILA & CO.  
1000 S FEDERAL HIGHWAY #200  
FT LAUDERDALE, FL 33316**



07132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0821408**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000770420  
07/25/07-80003-002 70.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**C  
LALL, RAJIV B DR.  
6600 BROXBURN DRIVE  
BETHESDA, MD 20817**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
MCGOWAN, GREGORY  
500 EAST BROWARD BLVD, SUITE 2100  
FORT LAUDERDALE, FL 33394**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
PECK, DONALD  
11, GOLF LINKS  
NEW DELHI-110003,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
ADVANI, VIJAY  
484 WALSH ROAD  
ATHERTON, CA 94027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
CHAND, BUNTY  
6600 BROXBURN DRIVE  
BETHESDA, MD 20817**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/13/07**

Date

Daytime Phone #