2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# F08000002576

Entity Name: CASEY FAMILY PROGRAMS, INC.

Current Principal Place of Business:

1300 DEXTER AVENUE NORTH
FLOOR 3
SEATTLE, WA 98109

New Principal Place of Business:

Current Mailing Address:

1300 DEXTER AVENUE NORTH
FLOOR 3
SEATTLE, WA 98109

New Mailing Address:

FEI Number: 91-0793881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VP ( ) Delete
Name: HOLMES, ANN M
Address: 1300 DEXTER AVENUE NORTH, FLOOR 3
City-St-Zip: SEATTLE, WA 98109

Title: CD ( ) Delete
Name: SEVERSON, GARY R
Address: 1300 DEXTER AVENUE NORTH, FLOOR 3
City-St-Zip: SEATTLE, WA 98109

Title: VCD ( ) Delete
Name: POLIAK, JOAN B
Address: 1300 DEXTER AVENUE NORTH, FLOOR 3
City-St-Zip: SEATTLE, WA 98109

Title: PCEO ( ) Delete
Name: BELL, WILLIAM C
Address: 1300 DEXTER AVENUE NORTH, FLOOR 3
City-St-Zip: SEATTLE, WA 98109

Title: SD ( ) Delete
Name: TRANUMN, SHEILA EVANS
Address: 1300 DEXTER AVENUE NORTH, FLOOR 3
City-St-Zip: SEATTLE, WA 98109

Title: T ( ) Delete
Name: MCDANIEL-LOWE, SHARON
Address: 1300 DEXTER AVENUE NORTH, FLOOR 3
City-St-Zip: SEATTLE, WA 98109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: MILLS, DAVID
Address: 1300 DEXTER AVENUE NORTH, FLOOR 3
City-St-Zip: SEATTLE, WA 98109

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:

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: GARY R. SEVERSON CD 01/22/2009

Electronic Signature of Signing Officer or Director — Date