


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 045 ****61.25

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| DOCUMENT # F92000000556 1. Entity Name HANSBERGER FAMILY FOUNDATION INC. |  |
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| Principal Place of Business 1024 S.E. FOURTH STREET FT. LAUDERDALE, FL 33301 | Mailing Address 1024 S.E. FOURTH STREET FT. LAUDERDALE, FL 33301 |
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DO NOT WRITE IN THIS SPACE

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| 01112006 No Chg-NP | CR2E037 (11/05) |
| 4. FEI Number 65-0363634 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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**Filing Fee is \$61.25
Due by May 1, 2006**

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HANSBERGER, THOMAS L 1024 S.E. FOURTH STREET FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CULUMBER, SUSAN L 1024 SE 4 ST FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDELL, LORI A 1024 SE 4 ST FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PANICO, WENDY L 1024 SE 4 ST FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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.

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| SIGNATURE: <u>Thomas L Hansberger, P+D</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>1/11/2006</u> <small>Date</small> | <u>954-5220560</u> <small>Daytime Phone #</small> |
| <u>THOMAS L. HANSBERGER</u> | | |