2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F92000000878

Entity Name: MOTE SCIENTIFIC FOUNDATION, INC.

Current Principal Place of Business:

1600 KEN THOMPSON PKWY
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1600 KEN THOMPSON PKWY
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 13-6117615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULL, PETER T
1600 KEN THOMPSON PKWY
SARASOTA, FL 34236 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: D ( ) Delete
Name: RITCHIE, BILL
Address: P O BOX 58081
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: P ( ) Delete
Name: HULL, PETER T
Address: 3637 WHITE LANE
City-St-Zip: SARASOTA, FL 34242

Title: T ( ) Delete
Name: GALVANO, WILLIAM
Address: 1023 MANATEE AVE W
City-St-Zip: BRADENTON, FL 34205

Title: S ( ) Delete
Name: PRATT, HELEN L
Address: 4603 SELMA ST
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: MAHADEVAN, KLIMAR
Address: 5420 AZURE WAY
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HELEN L PRATT S 01/14/2009

Electronic Signature of Signing Officer or Director — Date