2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Feb 28, 2003 8:00 am DOCUMENT # F9200000972 Secretary of State 1. Entity Name 02-28-2003 90157 043 ****70.00 DALTON FOUNDATION INC. Principal Place of Business Mailing Address 27 MAIN STREET 27 MAIN STREET 60014258 SUITE 102 **SUITE 102** EDWARDS CO 81632 EDWARDS CO 81632 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 22-3146570 Applied For Zip Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City Zip Code 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 SIGNATURE-Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE DALTON, TIMOTHY G JR NAME ☐ Change ☐ Addition NAME STREET ADDRESS 27 MAIN STREET, STE 102 STREET ADDRESS CITY-ST-ZIP EDWARDS CO 81632 CITY-ST-ZIP TITLE STD ☐ Delete TITLE NAME DALTON, JULIE M ☐ Change ☐ Addition NAME STREET ADDRESS 27 MAIN STREET, STE 102 STREET ADDRESS CITY-ST-ZIP **EDWARDS CO 81632** CITY-ST-ZiP TITLE ☐ Delete TITLE NAME DALTON, ALISON M Change ☐ Addition STREET ADDRESS 2537 HASTINGS AVENUE STREET ADDRESS CITY-ST-ZIP **EVANSTON IL 60201** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

Estulie Dalton

Feb 25 n2

(970) 921 -7120

FILED