
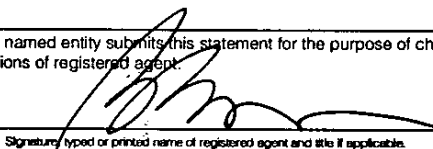
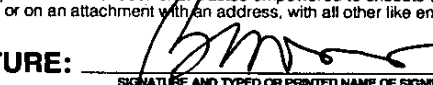


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90060 040 \*\*\*\*61.25

<b>DOCUMENT # F93000001501</b> 1. Entity Name <b>BERNARD A. AND CHRIS MARDEN FOUNDATION, INC.</b>			
Principal Place of Business <b>C/O BERNARD A. MARDEN</b> <b>1290 SO OCEAN BLVD</b> <b>PALM BEACH, FL 33480 US</b>		Mailing Address <b>C/O BERNARD A. MARDEN</b> <b>1290 SO. OCEAN BLVD.</b> <b>PALM BEACH, FL 33480 US</b>	
2. Principal Place of Business <b>TWO NORTH BREAKERS ROW</b> Suite, Apt. #, etc. <b>N-PH3</b>		3. Mailing Address <b>TWO NORTH BREAKERS ROW</b> Suite, Apt. #, etc. <b>N-PH3</b>	
City & State <b>PALM BEACH, FL</b>		City & State <b>PALM BEACH, FL</b>	
Zip <b>33480</b>	Country	Zip <b>33480</b>	Country
4. FEI Number <b>65-0409920</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARDEN, BERNARD A</b> <b>1290 SO OCEAN BLVD</b> <b>PALM BEACH, FL 33480</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>TWO NORTH BREAKERS ROW</b> <b>N-PH3</b> City <b>PALM BEACH</b> <b>FL</b> Zip Code <b>33480</b>	
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>		<b>BERNARD A. MARDEN</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPT MARDEN, BERNARD A 1290 SO OCEAN BLVD PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TWO NORTH BREAKERS ROW, #N-PH3</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCS MARDEN, CHARLOTTE 1290 SOUTH OCEAN BLVD PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TWO NORTH BREAKERS ROW, #N-PH3</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARDEN, JAMES P 1125 PARK AVENUE NEW YORK, NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7 HUBERT STREET, PH 3</b> <b>NEW YORK, NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AULD, PATRICE MARDEN 1137 HARVARD AVE., E. SEATTLE, WA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC MARDEN, CHARLOTTE 1290 SO OCEAN BLVD PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TWO NORTH BREAKERS ROW, N-PH3</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>7/21/05</b> <small>Date Daytime Phone #</small>	