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95 JUN 16 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000002431 (5)**

1. Corporation Name

D.A.C. MEMORIAL FOUNDATION INC.

Principal Place of Business	Mailing Address
P.O. BOX 232398 LEUDACIA CA 92023-2398	P.O. BOX 232398 LEUDACIA CA 92023-2398

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 09/19/1994
4. FEI Number: 33-0299285 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DPT ☒ Change ☐ Addition
NAME	SCHAEFFERR, NEIL	12 NAME	SCHAEFFER, NEIL
STREET ADDRESS	5783 KUGLER RD	13 STREET ADDRESS	5783 KUGLER MILL ROAD
CITY-ST-ZIP	CINCINNATI OH 45236	14 CITY-ST-ZIP	CINCINNATI, OH 45236
TITLE	DTD	21 TITLE	D ☒ Change ☐ Addition
NAME	ROSENBERG, DAVID	22 NAME	ROSENBERG, DAVID
STREET ADDRESS	7031 COLE CENTER PKY 220	23 STREET ADDRESS	7031 COLE CENTER PKWY., SUITE 220
CITY-ST-ZIP	PLESANTION CA 94566	24 CITY-ST-ZIP	PLEASANTON, CA 94566
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	LAMB, RANDY	32 NAME	
STREET ADDRESS	4701 PATRICK HENRY DRIVE 2501	33 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA 95054	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	300001518143 06/20/95--01110--014 *****61.25
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	*****61.25
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	SJ ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	6/16/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 with an address.

SIGNATURE: _____ DIRECTOR, PRESIDENT & TREASURER 4/28/95 (513) 791-9185
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0074020