

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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**3. Date Incorporated or Qualified
05/24/19933a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SCHAEFFER, NEIL**
STREET ADDRESS **5783 KUGLER RD**
CITY - ST - ZIP **CINCINNATI OH**1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SCHAEFFER, NEIL**
1.3 STREET ADDRESS **5783 KUGLER MILL ROAD**
1.4 CITY - ST - ZIP **CINCINNATI, OH 45236**TITLE **D** ☒ DELETE
NAME **ROSENBERG, DAVID**
STREET ADDRESS **7031 COLE CENTER PKY 220**
CITY - ST - ZIP **PLEASANTON CA 94566**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **DS** ☐ DELETE
NAME **LAMB, RANDY**
STREET ADDRESS **4701 PATRICK HENRY DRIVE 2501**
CITY - ST - ZIP **SANTA CLARA CA 95054**3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **LAMB, RANDY**
3.3 STREET ADDRESS **5201 GREAT AMERICA PKWY, STE. 120**
3.4 CITY - ST - ZIP **SANTA CLARA, CA 95054**TITLE **PT** ☐ DELETE
NAME **CARNOW, LANCE**
STREET ADDRESS **2311 MARCA PLACE**
CITY - ST - ZIP **LA COSTA CA**4.1 TITLE **VSD** ☒ Change ☐ Addition
4.2 NAME **CARNOW, LANCE**
4.3 STREET ADDRESS **2311 MARCA**
4.4 CITY - ST - ZIP **CARLSBAD, CA 92009**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE **VTD** ☐ Change ☒ Addition
5.2 NAME **STALK, ARNOLD**
5.3 STREET ADDRESS **2104 JADELEAF COURT**
5.4 CITY - ST - ZIP **LAS VEGAS, NV 89134**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **FINE, FRANCES-ANN**
6.3 STREET ADDRESS **FAM.DIV.E, 3RD FL., 601 N. PECOD RD.**
6.4 CITY - ST - ZIP **LAS VEGAS, NV 89101**

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

LANCE (CARNOW) SECRETARY

2/6/97

619-436-5402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0078338

CR2E037 (9/96)