2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # **F94000002553** SPENCER, WHITE & PRENTIS FOUNDATION CORPORATION 02-27-2001 90354 010 ***150.00 Principal Place of Business Mailing Address 6 COLLETTI LANE 251A ROYAL PALM WAY OIUWUI SWANSEA MA 02777 100 PALM BCH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 04-3184591 Not Applicable Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARUE, BRIAN M Street Address (P.O. Box Number is Not Acceptable) 149 AUSTRALIAM AVE PALM BCH FL 33480 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. 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PCDT TITLE ☐ Defete TITLE Change ☐ Addition LARUE, BRIAN M NAME NAME STREET ADDRESS 149 AUSTRALIAN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH FL The Change ☐ Addition TITI F TITLE ☐ Delete LA RUE, B. KEITH 117 Morristown Rd Bornautoville, NJ NAME NAME STREET ADDRESS STREET ADDRESS 5400 DOWERHOUSE RD CITY-ST-ZIP CITY-ST-7IP **UPPER MARLBORO MD** ☐ Addition TITLE ☐ Delete TITLE FLOYD, DREW NAME NAME 2506 CHELMSFORD DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CROFTON MD 21114** ☐ Delete TITLE Change ☐ Addition KLANG, JOHN NAME STREET ADDRESS 650 PEARSE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SWANSEA MA ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \

STREET ADDRESS

CITY-ST-7IP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO