2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000005697

FILED Mar 20, 2003 Secretary of State

Entity Name: GOODWILL INDUSTRIES/EASTER SEALS OF THE GULF COAST, INC.

| Current Principal Place of Business: | | | New Principal Pla | New Principal Place of Business: | |
|---|--|---------------------------------------|---|--|--|
| 2448 GOR MOBILE, A | DON SMITH DI L 36617 | R | | | |
| Current Mailing Address: | | | New Mailing Addr | New Mailing Address: | |
| 2448 GOR MOBILE, A | DON SMITH DI L 36617 | R | | | |
| FEI Number: | 63-0363472 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Addres | s of New Registered Agent: | |
| The above | NT LANE DLA, FL 32503 | US ubmits this statement for the p | urpose of changing its registe | ered office or registered agent, or both, | |
| SIGNATUF | RE: | | | | |
| | Electroni | c Signature of Registered Age | nt | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHAP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | CD () QUACKENBUSH P.O. BOX 1508 MOBILE, AL 36 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | C () MCMAKEN, MIK P.O. BOX 1311 MOBILE, AL 36 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T () KINTZ, MICHAEI P.O. BOX 6237 MOBILE, AL 36 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () LADD, ALLEN P.O. BOX 6989 MOBILE, AL 36 | Delete 660 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | P () HARKINS, FRAN 2448 GORDON MOBILE, AL 36 | SMITH DR. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | | | | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK HARKINS P 03/20/2003