

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90068 015 ****61.25

DOCUMENT # F95000001311

1. Entity Name

THE CALEDONIAN FOUNDATION USA, INC.



Principal Place of Business

PO BOX 1242
EDGARTOWN MA 02539-1242

Mailing Address

PO BOX 1242
EDGARTOWN MA 02539-1242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0190849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCABE, MARCIA
508 68TH ST.
HOLMES BEACH FL 34217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C
NAME THE EARL OF DALKEITH ☒ Delete
STREET ADDRESS DABTON, THORNHILL
CITY-ST-ZIP DUMFRIESSHIRE, SCOTLAND

TITLE Chairman ☐ Change ☒ Addition
NAME Prof. Malcolm McLeod
STREET ADDRESS University of Glasgow
CITY-ST-ZIP Glasgow, Scotland

TITLE D
NAME MCCABE, MARCIA ☐ Delete
STREET ADDRESS 508 68TH STREET
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE Pres ☐ Change ☒ Addition
NAME Robert McWilliam
STREET ADDRESS 516 E. Day Ave.
CITY-ST-ZIP Whitefish Bay WI 53217

TITLE D
NAME MURRAY, EVELYN ☐ Delete
STREET ADDRESS 37 BLANCHARD ROAD
CITY-ST-ZIP CAMBRIDGE MA 02138-1010

TITLE Asst.Tr. ☐ Change ☒ Addition
NAME A. Scott Bushey
STREET ADDRESS 340 S. Palm Ave.
CITY-ST-ZIP Sarasota FL 34236

TITLE D
NAME CONNOR, JOHN A ☐ Delete
STREET ADDRESS 700 JOHN RINGLING BLVD
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ Change ☒ Addition
NAME Dale Baird Sr.
STREET ADDRESS 2708 S. Hooker St.
CITY-ST-ZIP Denver CO 80236

TITLE VT
NAME MACDONALD, DUNCAN ☐ Delete
STREET ADDRESS PO BOX 1242 N/A
CITY-ST-ZIP EDGARTOWN MA 02539-1242

TITLE D ☐ Change ☒ Addition
NAME Mrs. Thelma D. Hawkins
STREET ADDRESS 199 Upper Mountain Ave.
CITY-ST-ZIP Montclair NJ 07042

TITLE S
NAME MACDONALD, TILLIE ☒ Delete
STREET ADDRESS 14 SHADY LANE
CITY-ST-ZIP BREWSTER MA 02631

TITLE D ☐ Change ☒ Addition
NAME Robert W. Murdoch
STREET ADDRESS 3300USX Tower
CITY-ST-ZIP Pittsburgh PA 15219

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:

Duncan MacDonald EVP/Treas.

4/24/04 800-713-0507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #