

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001311

FILED
Mar 29, 2009
Secretary of State

Entity Name: THE CALEDONIAN FOUNDATION USA, INC.

Current Principal Place of Business:

PO BOX 1242
EDGARTOWN, MA 025391242

New Principal Place of Business:

104 SOUTH PINEAPPLE
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 1242
EDGARTOWN, MA 025391242

New Mailing Address:

FEI Number: 51-0190849 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MUNRO, ROBERT J DR.
3733 NW 49TH LANE
GAINESVILLE, FL 32605 US

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: ROBERT MUNRO

03/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCWILLIAM, ROBERT
Address: 516 E DAY AVE
City-St-Zip: MILWAUKEE, WI 53217

Title: EVPT () Delete
Name: MACDONALD, DUNCAN MISS
Address: POB 1242
City-St-Zip: EDGARTOWN, MA 02539

Title: S () Delete
Name: MCCABE, MARCIA MISS
Address: 508 68TH ST
City-St-Zip: BRADENTON BEACH, FL 34217

Title: AT (X) Delete
Name: BUSHEY, A. SCOTT
Address: 340 W PALM AVE
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Delete
Name: CONNOR, JOHN A MR
Address: 700 JOHN RINGLING BLVD
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Delete
Name: BROWNLEE, THOS M MR
Address: 200 CAMBRIDGE DR
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCWILLIAM, ROBERT MR.
Address: 516 E DAY AVE
City-St-Zip: MILWAUKEE, WI 53217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MUNRO, ROBERT J DR.
Address: 3733 NW 49TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DUNCAN MACDONALD

EVP

03/29/2009

Electronic Signature of Signing Officer or Director

Date