

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000006004 (4)**

1. Corporation Name

**THE V FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**1201 WALNUT STREET  
2ND FLOOR  
CARY NC 27511**

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2ND FLOOR  
CARY NC 27511**

3. Date Incorporated or Qualified **12/11/1995** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>13-3705951</b>		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
23		28		81 Name			
Zip		Country		82 Street Address (P.O. Box Number is Not Acceptable)			
24		25		83			
				84 City		FL 85 Zip Code	

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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	<b>ED</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INMAN, KEITH</b>	1.2 NAME	
STREET ADDRESS	<b>1201 WALNUT STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARY NC 27511</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LLOYD, ROBERT E</b>	2.2 NAME	
STREET ADDRESS	<b>88 ROWLAND WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NOVATO CA 94945</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORNSTEIN, STEVEN M</b>	3.2 NAME	
STREET ADDRESS	<b>605 THIRD AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10158</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DURSO, EDWIN M</b>	4.2 NAME	
STREET ADDRESS	<b>605 THIRD AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10158</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERSON, EDWARD J</b>	5.2 NAME	<b>T Harry Rhoads Jr</b>
STREET ADDRESS	<b>ESPN, INC. / ESPN PLAZA</b>	5.3 STREET ADDRESS	<b>310 S HENRY ST</b>
CITY-ST-ZIP	<b>BRISTOL CT 06010</b>	5.4 CITY-ST-ZIP	<b>Alexandria, VA 22314</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAST, ROBERT C JR</b>	6.2 NAME	
STREET ADDRESS	<b>1515 HOLCOMBE BLVD, BOX 92</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77030</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*A. Keith Inman* **A. Keith Inman**

*2/20/96* **2/20/96**

*9143809505* **9143809505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)