2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# F96000002332

Entity Name: PETSMART CHARITIES, INC.

Current Principal Place of Business:

C/O LEGAL SERVICES
19601 N. 27TH AVE.
PHOENIX, AZ 85027

New Principal Place of Business:

Current Mailing Address:

19601 N. 27TH AVE.
LEGAL SERVICES
PHOENIX, AZ 85027

New Mailing Address:

FEI Number: 93-1140967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: FRANCIS, PHILIP L
Address: 19601 N. 27TH AVENUE
City-St-Zip: PHOENIX, AZ 85027

Title: D ( ) Delete
Name: MARTON, STEVE
Address: 19601 N. 27TH AVENUE
City-St-Zip: PHOENIX, AZ 85027

Title: D ( ) Delete
Name: CRAIGHEAD, SOPHIE E
Address: 19601 N. 27TH AVENUE
City-St-Zip: PHOENIX, AZ 85027

Title: D ( ) Delete
Name: FITZGERALD, BARBARA
Address: 19601 N. 27TH AVENUE
City-St-Zip: PHOENIX, AZ 85027

Title: DP ( ) Delete
Name: MORAN, ROBERT
Address: 19601 N. 27TH AVENUE
City-St-Zip: PHOENIX, AZ 85027

Title: D ( ) Delete
Name: OLSON, PATRICIA DR
Address: 19601 N. 27TH AVENUE
City-St-Zip: PHOENIX, AZ 85027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: FLEISCHER, DONNA
Address: 19601 N. 27TH AVENUE
City-St-Zip: PHOENIX, AZ 85027

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

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 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: JULIANNE RINGSMUTH AS 07/05/2005

Electronic Signature of Signing Officer or Director — Date