FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 12, 2002 8:00 am Secretary of State DOCUMENT # F9700003840 08-12-2002 90003 036 ****61.25 UNITED CEREBRAL PALSY ASSOCIATIONS, INC. Principal Place of Business Mailing Address 1660 L STREET, NW. STE. 700 1660 L STREET, NW. STE. 700 WASHINGTON DC 20036 WASHINGTON DC 20036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-1641079 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE CD Delete TITLE UCPA CHAIR Addition NAME GOLDENSON, LEONARD H NAME ROBERT J. MACDONALD, ESQ. STREET ADDRESS STREET ADDRESS 1660 L STREET, NW, STE. 700 1660 L STREET, NW, STE. 700 CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20036 WASHINGTON, DC 20036 Delete TITLE ☐ Change ☐ Addition EATON, NINA NAME STREET ADDRESS 1660 L STREET NW STE 700 STREET ADDRESS CITY-ST-ZIP-WASHINGTON DC 20036 CITY-ST-ZIP TITLE ☐ Delete TITLE **Change** ☐ Addition PAST PRES. DIRECTOR NAME STEARNS, JAMES C NAME STREET ADDRESS 1660 L STREET, NW, STE. 700 STREET ADDRESS CITY-ST-ZIF Washington DC 20036 CITY-ST-ZIP T/T! F Delete TITLE X Change Addition PAST PRES. DIRECTOR MOSES, CHARLES H ESQ NAME NAME STREET ADDRESS 1660 L STREET, NW, STE. 700 STREET ADDRESS CITY-ST-7IP WASHINGTON DC 20036 CITY-ST-ZIP TITLE PRESIDENT ☐ Delete TITLE X Change ☐ Addition NAME NOLAN, E H NAME STREET ADORESS 1660 L ST NW STE 700 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP WASHINGTON DC 20036 TITLE ☐ Delete TITLE ☐ Addition ☐ Change

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNAT

WYETH, DUNCAN O

WASHINGTON DC 20036

1660 L STREET, NW, STE. 700

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRE [INTEGER ELECTIVE & MELTON

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UCPA BOARD OF DIRECTORS # 59700000 3870 CONFIDENTIAL

Updated August 1, 2002

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 Pembroke Pines, FL 33026
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