2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000001148 Jun 05, 2000 8:00 am Secretary of State THE FULLER FOUNDATION, INC. 06-05-2000 90010 002 ****61.25 Mailing Address Principal Place of Business % J.P. MORGAN FLORIDA, S.S.B. % J.P. MORGAN FLORIDA, S.S.B. 109 ROYAL PALM WAY 109 ROYAL PALM WAY PALM BEACH FL 33480-4249 PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 75-6015942 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name مياوية للايجيب المامسان بالبار Street Address (P.O. Box Number is Not Acceptable) VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DR., STE. 500E WEST PALM BEACH FL 33401 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DS. ☐ Addition TITLE ☐ Defete TITLE NAME KLEINERMAN, MICHAEL R ESQ NAME STREET ADDRESS STREET ADDRESS 551 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK CITY NY 10176** Addition ☐ Change TITLE TITLE DP ☐ Delete NAME NAME **FULLER. GILLIAN** STREET ADDRESS STREET ADDRESS 9550 HIDDEN VALLEY RD. CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS CA 90210 -------☐ Addition -- [-] Change ☐ Defete TITLE FRENCH, WILLIAM NAME STREET ADDRESS STREET ADDRESS 953 MORHEA DR. CITY-ST-7IP CITY-ST-ZIP <u>LOS ANGELES CA 90049</u> ☐ Change Addition Delete TITLE TITLE NAME NAME BEALL, KENNETH S JR. STREET ADDRESS STREET ADDRESS 777 S. FLAGLER DR., STE. 500E CITY-ST-ZIF CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Addition Change ☐ Delete TITLE TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

MULLICULUS SECIETALY

AMIC 26, 2000

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daylime Phone

SIGNATURE