FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am DOCUMENT # N0000001692 Secretary of State 1. Entity Name 05-28-2002 90720 020 ****61.25 DAVID KIM PERRY FOUNDATION, CORPORATION Mailing Address Principal Place of Business 15 PRESCOTT-LANE... 15-PRESCOTT-LANE-867081 PALM COAST FL 32164 BALM COAST PE 32164 2. Principal Place of Business N. Ravensfield Lane N. Ravensfield Lane DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 35-1815677 Applied For City & State City & State Ormond Black d Beach Not Applicable Ormon Country Country \$8.75 Additional 5. Certificate of Status Desired 32174 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) PERRY, DAVID KIM 9 N. Ravensfield Lane SALESCALE PORT **ORMOND BEACH FL 32174** 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees 亼 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change Change TITLE Delete 📈 TIŢLE David Kim Perry 9 N. Pavensfilld Lane NAME NAME PERRY, DAVID K STREET ADDRESS STREET ADDRESS 15 PRESCOTT LANE Ormond Brach, FL 32174 CITY-ST-ZIP CITY-ST-7IP PALM COAST FL 32164 Change ☐ Addition ☐ Delete TITLE TITLE NAME PERRY, JOSEPH NAME STREET ADDRESS STREET ADDRESS 20315 10TH AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA 98198 ☐ Addition TITLE Change Delete TITLE NAMÉ HOPE, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 6809 IVY LOG DRIVE CITY-ST-ZIP CITY-ST-ZIP AUSTELL GA 30168 Change ☐ Addition TITLE ☐ Delete TITLE NAME PERRY, MARK JR NAME STREET ADDRESS STREET ADDRESS 6313 6TH STREET CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90048 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME DEAR, BENITA STREET ADDRESS STREET ADDRESS 18649 LANCASHIRE CITY-ST-ZIP CITY-ST-ZIP DETROIT MI 48223 X Delete TITLE TITLE wiley tait 55 Havre Lane TART, WILEY NAME NAME STREET ADDRESS STREET ADDRESS 55 HOUZE LANE Fremanville, AL 36502 CITY-ST-ZIP CITY-ST-ZIP FREEMANVILLE AL 36502 12. I hereby certify that the information supplied with this filing 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

5-1-02 386-672-6572 Date Daytime Phone # SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.