2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N00000001853

Entity Name: THE EARLY MEDIEVAL CHINA GROUP, INC.

Current Principal Place of Business:

DEPT. OF AALL, GRINTER HALL 470
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326115565

New Principal Place of Business:

DEPT. OF LLC, PUGH HALL 307
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326115565

Current Mailing Address:

DEPT. OF AALL, GRINTER HALL 470
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326115565

New Mailing Address:

DEPT. OF LLC, PUGH HALL 307
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326115565

FEI Number: 95-4818965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHENNAULT, CYNTHIA L
3965 NW 30 PL
GAINESVILLE, FL 32606 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: P ( ) Delete
Name: BERKOWITZ, ALAN
Address: SWARTHMORE COLLEGE
City-St-Zip: SWARTHMORE, PA 19081

Title: STD ( ) Delete
Name: KLEIN, KENNETH
Address: 2615 GRIFFITH PARK BLVD.
City-St-Zip: LOS ANGELES, CA 90039

Title: D ( ) Delete
Name: BOKENKAMP, STEPHEN R
Address: 2611 E. 5TH STREET
City-St-Zip: BLOOMINGTON, IN 47408

Title: D ( ) Delete
Name: DIEN, ALBERT E
Address: 232 LEXINGTON DRIVE
City-St-Zip: MENLO PARK, CA 94025

Title: D ( ) Delete
Name: GRAFFLIN, DENNIS
Address: 40 JEFFERSON STREET
City-St-Zip: LEWISTON, ME 04240

Title: D ( ) Delete
Name: KNECHTGES, DAVID
Address: UNIV OF WASH, ASIAN LANGS & LITS DEPT DO21
City-St-Zip: SEATTLE, WA 98195

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 exemption stated in Chapter 119, 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: CYNTHIA L. CHENNAULT DR. 04/14/2009

Electronic Signature of Signing Officer or Director — Date