2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003
Secretary of State

DOCUMENT# N00000005151

Entity Name: MICHAELS FAMILY FOUNDATION OF VIRGINIA, INC.

Current Principal Place of Business:

4501 TAMIAMI TRAIL NORTH SUITE 300
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4501 TAMIAMI TRAIL NORTH SUITE 300
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3662847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
C/O QUALRES & BRADY LLP
4501 TAMIAMI TRAIL NORTH SUITE 300
NAPLES, FL 34103 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: DP ( ) Delete
Name: MICHAELS, LEWIS N
Address: 10512 WICKENS ROAD
City-St-Zip: VIENNA, VA 22181

Title: DVP ( ) Delete
Name: MICHAELS, PAMELA
Address: 10512 WICKENS ROAD
City-St-Zip: VIENNA, VA 22181

Title: DT ( ) Delete
Name: MICHAELS, THEODORE
Address: 10512 WICKENS ROAD
City-St-Zip: VIENNA, VA 22181

Title: DS ( ) Delete
Name: MICHAELS, STEVEN
Address: 10512 WICKENS ROAD
City-St-Zip: VIENNA, VA 22181

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:

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: LEWIS N. MICHAELS DP 02/24/2003

Electronic Signature of Signing Officer or Director — Date