2001 UNIFORM BUSINESS REPORT (UBR) 6773-

May 11, 2001 8:00 am Secretary of State DOCUMENT # N0000008330 THE TONER FAMILY FOUNDATION, INC. 05-11-2001 90459 001 ****61.25 Principal Place of Business Mailing Address 5315 EVERWOOD RUN 5315 EVERWOOD RUN SARASOTA FL 34235 SARASOTA FL 34235 000000044 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 65-1061872 Not Applicable Zip Country Zip 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 WATSON, DAVID S Street Address (P.O. Box Number is Not Acceptable) 240 S PINEAPPLE AVE, 9TH FLOOR SARASOTA FL 34236 City Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete D/P/T X Addition NAME NAME TONER, James P. STREET ADDRESS STREET ADDRESS 5315 Everwood Run CITY-ST-ZIP CITY-ST-ZIF Sarasota, FL 34235 ☐ Delete TITLE ☐ Change TITLE D/V/S NAME NAME TONER, Edna R. STREET ADDRESS STREET ADDRESS 5315 Everwood Run CITY-ST-ZIE CITY-ST-ZIP Sarasota, FL 34235 ☐ Change Addition Delete TITLE TITLE TONER, Jeffrey M. NAME NAME STREET ADDRESS STREET ADDRESS 313 53rd Street CITY-ST-ZIP CITY-ST-ZIP Western Springs, IL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME TONER, James (Jr.) STREET ADDRESS STREET ADDRESS 1427 Waterford Green Drive CITY-ST-ZIP CITY-ST-ZIP <u> Marietta, GA 30068</u> ☐ Delete TITLE TITLE ☐ Change X Addition D

Fairfield, CT 06430 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 changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IP

Ske required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

James P. Toner President

TONER, Cary

6 Highcroft Lane

TONER, Andrew

Malvern, PA 19355

107 Buckboard Lane

3/9/01

941/366-6660

☐ Change

Date

Daytime Phone #

Addition