2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N00000008491

Entity Name: PAPERSEED FOUNDATION, INC.

Current Principal Place of Business:

2800 PONCE DE LEON BLVD. #1160
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

300 ATLANTIC STREET
ATTN: ANTHONY MOSCA
STAMFORD, CT 06901

New Mailing Address:

FEI Number: 65-1064746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERMAN, ALISON P
2800 PONCE DE LEON BOULEVARD
SUITE 1160
CORAL GABLES, FL 33134 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: D ( ) Delete
Name: ROBERT, MICHEL
Address: 2800 PONCE DE LEON BLVD. #1160
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: WATSON, DENNIS
Address: 2800 PONCE DE LEON BLVD. #1160
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: BOURGOIGNIE, MARIE-HELENE
Address: 2800 PONCE DE LEON BLVD. #1160
City-St-Zip: CORAL GABLES, FL 33134

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:

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: MICHEL ROBERT D 05/02/2007

Electronic Signature of Signing Officer or Director — Date