NOT-FOR-PROFIT CORPORATION FILED UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State DOCUMENT # NO 100000 1147 J.C. AND BENTA CUALDRON EducationAT 05-01-2002 91512 031 ****61.25 Foundation, INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Jeffersons SAMR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number LAMONT Applied For 59-3695901 Not Applicable Country Zip 2336 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name-WORMAN H HORYON DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Dee nwoods TRAS 455ee 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 🚅 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to initial or Amended UBA Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS nne GREGORY W WALDRON, SR NAME NAME 1330 5th St N.E. #194 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Hickory, NC -28601 -CITY-ST-ZIP nne DARRYLE M WALDRON NAME STREET ADDRESS 4842 S. Jefferson St STREET AODRESS CITY-ST-ZIP LAMONT, FL 32336 CITY-ST-ZIP TITLE mne NANCY H WALDROW NAME 4542 S. Jofferson St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE LAMONT, FL 32336 CITY-ST-71P Ππε TITLE Betty Messer IN THIS SPACE NAME NAME 1490 E. Jefferon St STREET ADDRESS STREET ADDRESS CITY-ST-7IP monticello CHTY-ST-JIP TITLE ME NAME FAGLie NAME STREET ADDRESS BOX 40285 STREET ADDRESS CITY-ST-ZIP montiallo, FL COY-ST 70 TITLE mne FATOH Ridge Trail NAME MAKE STREET ADDRESS

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 attachment with an address, with all other like empowered.

STREET ADDRESS

CHTY-ST-ZIP

CITY-ST-ZIP

Affachment + NO1000001142 ATTACHMENT TO UBR, J.C. AND BERTA WALDRON EDUCATIONAL

FOUNDATION, INC.

BLOCK 10.

DIRECTOR DONNA WALDRON 1330 5th ST. N.E. #194 HICKORY, NC 28601