2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001406

FILED Feb 07, 2005 Secretary of State

Entity Name: THE TRACY MCGRADY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9209 CHARLES E. LIMPUS RD. 2327 ENGLERT DRIVE ORLANDO, FL 32836 SUITE 102

SUITE 102 DURHAM, NC 27713

Current Mailing Address: New Mailing Address:

PO BOX 690637

ORLANDO, FL 328690637

FEI Number: 58-2607562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACKINNON, ALEXANDER C 255 S ORANGE AVENUE 800 ORLANDO, FL 32801 US

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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CDP () Delete Title: CDP (X) Change () Addition

MCGRADY, TRACY L JR Name: MCGRADY, TRACY L JR

Name: MCGRADY, TRACY L JR
Address: 9209 CHARLES E LIPUS RD
Name: MCGRADY, TRACY L JR
Address: PO BOX 13667

City-St-Zip: ORLANDO, FL 328365805 City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: DV () Delete Title: DV (X) Change () Addition

Name: HALL, WAYNE R
Address: 8733 BECKINGHAM PLACE
Address: PO BOX 13667

City-St-Zip: ORLANDO, FL 328365752 City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: DTS () Delete Title: DTS (X) Change () Addition Name: BASS, GUSTAVUS DTS (X) Change () Addition Name: BASS, GUSTAVUS

Address: 113 LONG SHADOW PLACE Address: PO BOX 13667

City-St-Zip: DURHAM, NC 27713 City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: V (X) Delete Title: () Change () Addition

 Name:
 LAWSON, JOHNNIE E
 Name:

 Address:
 1745 HOBBS RD
 Address:

 City-St-Zip:
 AUBURNDALE, FL 33823
 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: GUSTAVUS BASS DTS 02/07/2005

Electronic Signature of Signing Officer or Director

Date