2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2004 08:00 AM Secretary of State DOCUMENT # N01000002295 1. Entity Name USA - TAIWAN COMMONWEALTH FOUNDATION, INC. Principal Place of Business Mailing Address 2401 ALBION AVE. 2401 ALBION AVE ORLANDO FL 32833 ORLANDO FL 32833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-3708887 Not Applicable Zıp Zip Country 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 Name LI, SANDY Y Street Address (P.O. Box Number is Not Acceptable) 2401 ALBION AVE. ORLANDO FL 32833 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **FILE NOW: FEE IS \$61.25** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LI, SHIH-YI ARTHUR NAME NAME 2401 ALBION AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32833 CITY-ST-7IP CITY-ST-ZIP SD TITLE Delete ☐ Change ☐ Addition TITLE LI, SANDY NAME NAME U00000074899 03/03/04-80035-024 61.25 2401 ALBION AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32833 CITY-ST-ZIP CITY- ST- ZIP TITLE ☐ Delete Change ☐ Addition LI, CHRISTINA NAME NAME 2601 SW ARCHOR RD. STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition HUNG, JUNG LUNG D NAME 1885 SW HEALTH PKWY STREET ADDRESS STREET AODRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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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 attackment with an address, with all other like empowered.

SIGNATURE: