


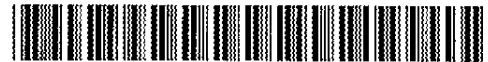
**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005098 1. Entity Name FARR FAMILY FOUNDATION, INC.	
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Principal Place of Business C/O WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131	Mailing Address C/O WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1122896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAVOUKJIAN, MICHAEL E C/O WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000122868 04/21/04-60048-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARR, C. SIMS 900 YEAMANS HALL ROAD CHARLESTN, SC 39406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARR, MURIEL T 900 YEAMANS HALL ROAD CHARLESTN, SC 39406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP BYRNES, JOHN E III 200 EAST 66TH STREET APT. E1104 NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KAVOUKJIAN, MICHAEL E 200 SOUTH BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FARR, JOHN 419 CANTITOE STREET BEDFORD HILLS, NY 10507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: Michael E. Kavoukjian, Michael E. Kavoukjian **4/19/04 305-995-5227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #