2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006307

FILED Apr 11, 2005 Secretary of State

Entity Name: FLORIDA RESEARCH CONSORTIUM, INC.

Current F	Principal Place of Business:	New Principal Plac	e of Business:	
150 S,MONROE STREET SUITE 400 TALLAHASSEE, FL 32301		SUITÉ 300	150 S,MONROE STREET SUITE 300 TALLAHASSEE, FL 32301	
	,			
	Mailing Address:	New Mailing Addre	ss.	
P.O.BOX FALLAHA	10331 SSEE, FL 32302			
El Number	r: 59-3753473 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
	NN INFORMATION SERVICES, INC. ITHIRD AVE SUITE 2800 . 33131 US			
	e named entity submits this statement for the pre-	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered Ago	ent	Date	
FFICER	S AND DIRECTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTOR	
lame: \ddress:	DL () Delete GARY, DAVID 5800 PARK COMMERCE BLVD BOCA RATON, FL 33487	Title: Name: Address: City-St-Zip:	() Change () Addition	
lame: ddress: city-St-Zip: itle: lame: ddress:	GARY, DAVID 5800 PARK COMMERCE BLVD	Name: Address:	() Change () Addition () Change () Addition	
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ittle: lame: lddress: bity-St-Zip:	GARY, DAVID 5800 PARK COMMERCE BLVD BOCA RATON, FL 33487 P () Delete SILLIVAN, JACK JR 9018 SHOAL CREEK DR TALLAHASSEE, FL 32312 DT () Delete HELLER, MICHAEL 191 PEACHTREE ST, STE 1500	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: DT Name: SZARO, D Address: 200 SOUT	() Change () Addition (X) Change () Addition ONN H BISCAYNE BLVD	
lame: Address: City-St-Zip: Title: Iame: Address: City-St-Zip: Title: Iame: Address: City-St-Zip: Title: Iame: Address: City-St-Zip: Title: Iame: Address: Iame: Address:	GARY, DAVID 5800 PARK COMMERCE BLVD BOCA RATON, FL 33487 P () Delete SILLIVAN, JACK JR 9018 SHOAL CREEK DR TALLAHASSEE, FL 32312 DT () Delete HELLER, MICHAEL 191 PEACHTREE ST, STE 1500 ATLANTA, GA 303031924 D () Delete CRISER, MARSHALL III 150 S.MONROE ST, STE 400	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: DT Name: SZARO, D Address: 200 SOUT City-St-Zip: MIAMI, FL Title: Name: Address:	() Change () Addition (X) Change () Addition ONN H BISCAYNE BLVD 33131	

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: JACK SULLIVAN JR. P 04/11/2005