

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006777

FILED
Dec 22, 2004
Secretary of State

Entity Name: INCLEDON BIOMEDICAL RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

650 S. ATHLETES PL.
TEMPE, AZ 85281 US

New Principal Place of Business:

1534 EAST LOCUST PLACE
CHANDLER, AZ 85249 US

Current Mailing Address:

650 S. ATHLETES PL.
TEMPE, AZ 85281 US

New Mailing Address:

1534 EAST LOCUST PLACE
CHANDLER, AZ 85249 US

FEI Number: 65-1144007 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERSH, KAREN A
2117 PINEHURST WAY
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PED () Delete
Name: INCLEDON, THOMAS
Address: 650 S. ATHLETES PLACE
City-St-Zip: TEMPE, AZ 85281

Title: T () Delete
Name: HERSH, KAREN
Address: 2117 PINEHURST WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S () Delete
Name: GROSS, LORI
Address: 650 S. ATHLETES PL.
City-St-Zip: TEMPE, AZ 85281 US

Title: D () Delete
Name: HERSH, DALE
Address: 2117 PINEHURST WAY
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PED (X) Change () Addition
Name: INCLEDON, THOMAS
Address: 1534 EAST LOCUST PLACE
City-St-Zip: CHANDLER, AZ 85249 US

Title: T (X) Change () Addition
Name: HERSH, KAREN
Address: 2117 PINEHURST WAY
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: S (X) Change () Addition
Name: INCLEDON, LORI
Address: 1534 EAST LOCUST PLACE
City-St-Zip: CHANDLER, AZ 85249 US

Title: D (X) Change () Addition
Name: HERSH, DALE
Address: 2117 PINEHURST WAY
City-St-Zip: CORAL SPRINGS, FL 33071 US

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: THOMAS INCLEDON

ED

12/22/2004

Electronic Signature of Signing Officer or Director

Date