2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007299

Entity Name: THE CHHABRA FAMILY FOUNDATION, INC.

Apr 29, 2003 Secretary of State

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

110 E BROWARD BLVD 1455 N. PARK DR. WESTON, FL 33327 17TH FLOOR

FORT LAUDERDALE, FL 33301

New Mailing Address: Current Mailing Address:

110 E BROWARD BLVD 1455 N. PARK DR 17TH FLOOR WESTON, FL 33327 FORT LAUDERDALE, FL 33301

FEI Number: 65-1159449 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:

PENINSULA REGISTERED AGENTS, INC 200 SOUTH BISCAYNE BLVD., 43RD FLOOR MIAMI, FL 33131 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CHHABRA, VINCENT K CHHABRA, VINCENT K Name: Name: 110 E BROWARD BLVD Address: 1455 N. PARK DR. Address: WESTON, FL 33327 City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip:

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

Name: CHHABRA, SUSHMA Name: CHHABRA, SUSHMA Address: 110 E BROWARD BLVD Address: 1455 N. PARK DR. City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: WESTON, FL 33327

Title: DST () Delete Title: (X) Change () Addition PENDLAND, GWENDOLYN

PENDLAND, GWENDOLYN Name: Name: 110 E BROWARD BLVD 1455 N. PARK DR. Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: WESTON, FL 33327

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: SABINA FARUQUI D 04/29/2003