2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007937

FILED Jul 10, 2009 Secretary of State

Entity Name: MIKE LOWELL FOUNDATION INC.

urrent F	Principal Place of Business:	New Principal Place of Business:		
	TT E STREET, SUITE 2400 , MA 021092881			
current Mailing Address:		New Mailing Address:	New Mailing Address:	
	TT E STREET, SUITE 2400 , MA 021092881			
	r: 65-1154182 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did no		Status Desired ()	
	d Address of Current Registered Agent:	Name and Address of New Register	ed Agent:	
	/S STREET NSSEE, FL 32301 US			
	e named entity submits this statement for the p te of Florida.	rpose of changing its registered office or registe	ered agent, or b	
the Stat	te of Florida. Í		ered agent, or b	
the Stat	te of Florida.		ered agent, or b	
the Stat	te of Florida. Í			
the State of the S	te of Florida. JRE: Electronic Signature of Registered Age RS AND DIRECTORS: PD () Delete LOWELL, MIKE % ABBOTT, 53 STATE STREET, SUITE 2400	nt Date	S AND DIREC	
on the State Control Control	te of Florida. JRE: Electronic Signature of Registered Age RS AND DIRECTORS: PD () Delete LOWELL, MIKE % ABBOTT, 53 STATE STREET, SUITE 2400 BOSTON, MA 021092881 VSD () Delete LEON, LEO 9545 SW 79TH COURT	nt Date ADDITIONS/CHANGES TO OFFICER Title: () Change () Add Name: Address:	S AND DIREC	
n the Stat	te of Florida. JRE: Electronic Signature of Registered Age RS AND DIRECTORS: PD () Delete LOWELL, MIKE % ABBOTT, 53 STATE STREET, SUITE 2400 BOSTON, MA 021092881 VSD () Delete LEON, LEO 9545 SW 79TH COURT MIAMI, FL 33156 TD () Delete FRIGULS, GARO SW 102ND STREET	ADDITIONS/CHANGES TO OFFICER Title: () Change () Add Name: Address: City-St-Zip: Title: VSD (X) Change () Add Name: BERTHA, LOWELL Address: % ABBOTT, 53 STATE STREET.	S AND DIRECT ition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MIKE LOWELL P 07/10/2009