

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001196

FILED
Jan 19, 2009
Secretary of State

Entity Name: AIKI ATLAS FOUNDATION, INC.

Current Principal Place of Business:

3652 N. LINCOLN
CHICAGO, IL 60613

New Principal Place of Business:

Current Mailing Address:

P O BOX 57036
CHICAGO, IL 600570036

New Mailing Address:

FEI Number: 04-3612512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, RICHARD W
502 E. PARK AVE.
TALLAHASSEE, FL 32301 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: D () Delete
Name: IKEDA, HIROSHI
Address: 2424 30TH ST.
City-St-Zip: BOULDER, CO 80301

Title: D () Delete
Name: CHOATE, KEVIN
Address: 1658 N. HUMBOLDT
City-St-Zip: CHICAGO, IL 60647

Title: D () Delete
Name: DRACHMAN, JOSH D
Address: 500 S.E. MIZNER BLVD, APT. A-705
City-St-Zip: BOCA RATON, FL 33432

Title: P () Delete
Name: CANIN, BRIAN
Address: 216 SYLVAN BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: BOWEN, MICHAEL
Address: 2525 MEADOW AVE.
City-St-Zip: BOULDER, CO 80304

Title: T () Delete
Name: DRACHMAN, GINA
Address: 500 DR MIZNER BLVD, #A705
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FASEN, STEVE
Address: 10808 BAYSHORE DRIVE.
City-St-Zip: WINDEMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GINA DRACHMAN

T

01/19/2009

Electronic Signature of Signing Officer or Director

Date