2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, 2004 08:00 AM DOCUMENT # N02000005119 **Secretary of State** 1. Entity Name THE THORNTON & MAUD UTZ CHARTIABLE FOUNDATION, INC. Principal Place of Business Mailing Address 46 N. WASHINGTON BLVD. SUITE 25A SARASOTA FL 34236 46 N. WASHINGTON BLVD. SUITE 25A SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business Suite Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 54-2086745 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORAN, PAUL A Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD. SUITE 25A SARASOTA FL 34236 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 18. OFFICERS AND DIRECTORS 11. ☐ Change TOLE ☐ Delete BILL ☐ Addition HADLEY, WARREN NAME NAME U00000023339 92 FOREST ST STREET ADDRESS STREET ADDRESS 02/02/04-80022-017 61.25 DUXBUR MA 02332 CITY - ST - ZIP CITY-ST-ZIP Change Delete TOTALE ☐ Addition TITLE TYLER, PAT NAME NAME 2202 CASEY KEY STREET ADDRESS STREET ADDRESS NOKOMIS FL 34275 CITY-ST-23P CITY - ST - ZIP TITLE Defete TITLE ☐ Change Addition LUDDEN, JOHN NAME NAME 2929 BEE RIDGE RD. STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIRE Change Addition TITLE MORAN, PAUL A NAME MAME 46 N. WASHINGTON BLVD. #25A STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CMY-ST-ZIP C37Y - ST - Z3P TITLE ☐ Delete TITO F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP CRTY - ST - 7IP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP

12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Warren

FILED

1/25/04 617.6135886