

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN 21 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05182004 Chg-NP CR2E037 (10/03) 04

DOCUMENT # N02000007518 1. Entity Name VANKAMPEN PIERRE FOUNDATION, INC.					
Principal Place of Business 5092 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786 US			Mailing Address 290 SOUTH COUNTY FARM ROAD 3RD FLOOR, SUITE T WHEATON, IL 60187 US		
2. Principal Place of Business 5111 Isleworth Country Club Drive Suite, Apt. #, etc. Windermere, FL City & State 34786			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA		
4. FEI Number 16-1632669			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PIERRE, SCOTT R 5092 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5111 Isleworth Country Club Drive City Windermere FL Zip Code 34786		
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 6-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PIERRE, SCOTT R 5092 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5111 Isleworth Country Club Drive	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIERRE-KAMPEN, KARLA 5092 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Van Kampen-Pierre, Karla M. 5111 Isleworth Country Club Drive	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDES, FRANK W 4N280 WATERFORD LANE WEST CHICAGO, IL 60185 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000038193070 06/23/04--01035--001 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 or without like empowered.					
SIGNATURE:			Date 6-15-04 Daytime Phone # 321-229-1931		