2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001239

FILED Mar 12, 2009 Secretary of State

Entity Name: THE TIBETAN INSTITUTE & LIBRARY INC

| Littley Na | ille. Inc libi | ETAN INSTITUTE & LIBRARY | r, INC. | | | |
|---|---|-------------------------------|---|--|-----------------------------------|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
| | 159TH STREE BEACH, FL 33 | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| | 159TH STREE BEACH, FL 33 | | | | | |
| FEI Number | : 68-0575213 | FEI Number Applied For () | FEI Number Not App | licable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and | Address of Ne | ew Registered Agent: | |
| N MIAMI B The above | 159TH STREE BEACH, FL 33 | 162 US | purpose of changing i | ts registered off | ïce or registered agent, or both, | |
| SIGNATUI | | | | | | |
| | Electro | nic Signature of Registered A | gent | | Date | |
| OFFICER | S AND DIREC | TORS: | ADDITION | IS/CHANGES T | O OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: | D (THUPTEN, T.C 1940 N.E. 159' N MIAMI BEAC | TH STREET | Title: Name: Address: City-St-Zip: | ()(| Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (RIEGER, ALLE 5630 ALHAMB CORAL GABLE | RA CIRCLE | Title: Name: Address: City-St-Zip: | ()(| Change()Addition | |
| Title: Name: Address: City-St-Zip: | CHESROW, G | ALHAMBRA CIRCLE | Title: Name: Address: City-St-Zip: | D (X) (MUSUMECI, ANN 221 MERIDIAN A MIAMI BEACH, F | VE., APT. 412 | |
| Title: Name: Address: City-St-Zip: | D (SARASUA, SIL 3980 SW 2ND MIAMI, FL 331 | TERR | Title: Name: Address: City-St-Zip: | ()(| Change ()Addition | |
| Title: Name: | D (KUMAR, SAME |) Delete EET | Title: Name: | D (X) 0 BOVER, LOURDI | Change ()Addition ES | |

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: T.C. THUPTEN MR. 03/12/2009