2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N03000009907 02-12-2007 90092 044 ****61.25 BLACK KNIGHT FOUNDATION, INC. Principal Place of Business Mailing Address 40014001 3550 LANDER RD 3550 LANDER RD C/O JAMES R POKOMY ·C/O JAMES IT POKOMY-PEPPER PIKE, OH-44124-5755 PEPPER PIKE, OH-44124-5755 3. Mailing Address RC4 Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Cha-NP CR2E037 (12/06) 3801 4. FEI Number 54-2136306 City & State City & State Applied For PAlm Bercl Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Alm BILLY 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 8. The above named entity submits this statement of the pospose 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 . (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME PLAYER, MARC B NAME STREET ADDRESS 3930 RCA BLVD STE 3001 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition CAMPBELL, PAM NAME STREET ADDRESS 3930 RCA BLVD STE 3001 STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP ST ☐ Delete ☐ Change Addition POKORNY, JAMES R NAME NAME STREET ADDRESS 3550 LANDER RD. STREET ADDRESS PEPPER PIKE, OH 44124 CITY-ST-7IP CUY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ВПЕ TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 impowered, 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 of the chapter of

AME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 12, 2007 8:00 am